

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002993

FILED
Feb 03, 2009
Secretary of State

Entity Name: CONNIE J. GOODALE BREAST CANCER FOUNDATION, INC.

Current Principal Place of Business:

1818 MEADOW CT.
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

PO BOX 15015
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 65-0918010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, DEBRA
1818 MEADOW CT.
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, DEBRA
Address: 1818 MEADOW CT.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD () Delete
Name: VEGA, YARA
Address: 2580 CARANDIS RD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD () Delete
Name: PADRON, OMAH
Address: 1416 TAHOE CT.
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: KINGCADE, SUSAN
Address: 7004 VENETIAN WAY
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: FRENCH, JAYSON
Address: 969 WHIIPORWILL TRAIL
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA MOORE

PD

02/03/2009

Electronic Signature of Signing Officer or Director

Date