

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90189 003 \*\*\*\*61.25

**DOCUMENT # N99000002993**

1. Entity Name

**CONNIE J. GOODALE BREAST CANCER FOUNDATION, INC.**



Principal Place of Business

**1818 MEADOW CT.  
WEST PALM BEACH FL 33406**

Mailing Address

**PO BOX 15015  
WEST PALM BEACH FL 33416**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0918010**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **MOORE, DEBRA**  
STREET ADDRESS **1818 MEADOW CT.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☒ Addition  
NAME **Cunningham, Sally**  
STREET ADDRESS **7185 SE Seagate Lane**  
CITY-ST-ZIP **Stuart FL 34997**

TITLE **VPD** ☐ Delete  
NAME **TUSCARI, KIM**  
STREET ADDRESS **358 MADDOCK ST.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Change ☒ Addition  
NAME **Goodwin, Kimberly**  
STREET ADDRESS **7604 Palm Rd.**  
CITY-ST-ZIP **West Palm Beach 33406**

TITLE **SD** ☐ Delete  
NAME **ANGELOCCI, SUSAN**  
STREET ADDRESS **7004 VEHETIAN WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☒ Addition  
NAME **Padron, Omaha**  
STREET ADDRESS **1416 Tahoe Ct.**  
CITY-ST-ZIP **Lake Worth FL 33461**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Archdeacon, Elizabeth**  
STREET ADDRESS **988 Cuyahoga Rd**  
CITY-ST-ZIP **Lake Worth FL 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/23/03 561-966-8699**

CR2E037 (10/02)