

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004687

FILED
Apr 18, 2004
Secretary of State**Entity Name:** LYMPHEDEMA AWARENESS FOUNDATION, INC.**Current Principal Place of Business:**172 LAKESIDE CIRCLE
SANFORD, FL 32773**New Principal Place of Business:****Current Mailing Address:**172 LAKESIDE CIRCLE
SANFORD, FL 32773**New Mailing Address:****FEI Number:** 59-3604229**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CRAIG CAREY, JOSEPHINE
172 LAKESIDE CIRCLE
SANFORD, FL 32773 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:** DP () Delete
Name: CRAIG-CAREY, JOSEPHINE
Address: 172 LAKESIDE CIRCLE
City-St-Zip: SANFORD, FL 32773**Title:** DV () Delete
Name: BRIDGEWATER, CANDACE
Address: 2095 S MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32073**Title:** D () Delete
Name: DAVILA-APONTE, FRAN
Address: 624 LITTLE WEKIVA ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**Title:** D () Delete
Name: OJEDA, MYRIAM
Address: PMB 318 #405 ESMEALDS AVE., STE. 2
City-St-Zip: GUAYNABO, PR 00969**Title:** D () Delete
Name: SMITH, PAM
Address: 32029 DAVID WALKER DRIVE
City-St-Zip: TAVARES, FL 32778**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: BRIDGEWATER, CANDACE
Address: 2095 S MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32073**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: DEFOE, MARY
Address: 184 BRENTWOOD
City-St-Zip: FORT THOMAS, KY 41075**Title:** DV (X) Change () Addition
Name: SMITH, PAM
Address: 32029 DAVID WALKER DRIVE
City-St-Zip: TAVARES, FL 32778**Title:** DV () Change (X) Addition
Name: THOMPSON, PAT
Address: 1423 TEDFORD ST
City-St-Zip: EUSTIS, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSPEHINE CRAIG-CAREY

DP

04/18/2004

Electronic Signature of Signing Officer or Director

Date