# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 01, 2005**
**Secretary of State**

DOCUMENT# N99000004687

**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: | D | ( ) 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: | DEFOE, MARY | |
| Address: | 184 BRENTWOOD | |
| City-St-Zip: | FORT THOMAS, KY 41075 | |
| Title: | DV | (X) Delete |
| Name: | SMITH, PAM | |
| Address: | 32029 DAVID WALKER DRIVE | |
| City-St-Zip: | TAVARES, FL 32778 | |
| Title: | DV | ( ) Delete |
| Name: | THOMPSON, PAT | |
| Address: | 1423 TEDFORD ST | |
| City-St-Zip: | EUSTIS, FL 32773 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | SMITH, PAM | |
| Address: | 290 TORPOINT GATE RD | |
| City-St-Zip: | LONGWOOD, FL 32779 | |
| 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: | DV | (X) Change ( ) Addition |
| Name: | THOMPSON, PAT | |
| Address: | 603 BROOKLINE AVE | |
| City-St-Zip: | EUSTIS, FL 32726 | |

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: JOSEPHINE CAREY DP 02/01/2005

Electronic Signature of Signing Officer or Director — Date