

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004687

FILED
Apr 28, 2008
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: D () Delete
Name: SMITH, PAM
Address: 290 TORPOINT GATE RD
City-St-Zip: LONGWOOD, FL 32779

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 () Delete
Name: THOMPSON, PAT
Address: 603 BROOKLINE AVE
City-St-Zip: EUSTIS, FL 32726

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: JOSEPHINE CRAIG-CAREY

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date