

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004687

FILED  
Apr 23, 2009  
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:

172 LAKESIDE CIRCLE  
SANFORD, FL 32773 US

## 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: D (X) Change ( ) Addition  
Name: MCKEOWN, BRANDY  
Address: 2460 OLD MOULTRIE RD, SUITE 4  
City-St-Zip: ST. AUGUSTINE,, FL 32086 US

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

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

Title: DV (X) Change ( ) Addition  
Name: BUDDE, TINA  
Address: 373 DAVISON ROAD, BACK DOOR  
City-St-Zip: LOCKPORT,, NY 14094 US

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 CAREY

DP

04/23/2009

Electronic Signature of Signing Officer or Director

Date