

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004687

FILED
Apr 15, 2010
Secretary of State

Entity Name: LYMPHEDEMA AWARENESS FOUNDATION, INC.

Current Principal Place of Business:

6646 MANGROVE CHASE AVE.
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

172 LAKESIDE CIRCLE
SANFORD, FL 32773

New Mailing Address:

6646 MANGROVE CHASE AVENUE
ORLANDO, FL 32809

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:

CRAIG CAREY, JOSEPHINE
6646 MANGROVE CHASE AVENUE
ORLANDO, FL 32809 US

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: JOSEPHINE CRAIG-CAREY

04/15/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: CRAIG-CAREY, JOSEPHINE
Address: 6646 MANGROVE CHASE AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: DV
Name: MCKEOWN, BRANDY
Address: 2460 OLD MOULTRIE RD, SUITE 4
City-St-Zip: ST. AUGUSTINE,, FL 32086 US

Title: DV
Name: DEFOE, MARY
Address: 184 BRENTWOOD
City-St-Zip: FORT THOMAS, KY 41075

Title: D
Name: BUDDE, TINA
Address: 373 DAVISON ROAD, BACK DOOR
City-St-Zip: LOCKPORT,, NY 14094 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPHINE CAREY

DP

04/15/2010

Electronic Signature of Signing Officer or Director

Date