2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: FLORIDA SUNCOAST AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Current Principal Place of Business:

5005 LBJ FREEWAY
SUITE 250
DALLAS, TX 75244

Current Mailing Address:

5005 LBJ FREEWAY #250
DALLAS, TX 75244 US

FEI Number: 75-2870702

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	CLARK, GAIL
Address	205 DR. MARTIN LUTHER KING ST. N SUITE 2-133
City-State-Zip:	ST PETERSBURG FL 33701

Title	DIRECTOR
Name	DEGALA, LALITHA
Address	205 DR. MARTIN LUTHER KING ST. N., SUITE 2-133
City-State-Zip:	ST. PETERSBURG FL 33701

Title	DIRE
Name	TRAUGOTT, DELANA
Address	205 DR. MARTIN LUTHER KING ST. N SUITE 2-133
City-State-Zip:	ST. PETERSBURG FL 33701

Title	PRESIDENT
Name	HONEYCUTT, TERESA
Address	205 DR. MARTIN LUTHER KING ST. N SUITE 2-133
City-State-Zip:	ST. PETERSBURG FL 33701

Title	TREA
Name	HOCHSPRUNG, ANNE
Address	205 DR. MARTIN LUTHER KING ST. N., SUITE 2-133
City-State-Zip:	ST. PETERSBURG FL 33701

Title	SECRETARY
Name	LEWIS, WAYNE
Address	205 DR. MARTIN LUTHER KING ST. N. SUITE 2-133
City-State-Zip:	ST. PETERSBURG FL 33701

Title	DIRECTOR
Name	SCOTT, LAUREN
Address	205 DR. MARTIN LUTHER KING ST. N., SUITE 2-133
City-State-Zip:	ST. PETERSBURG FL 33701

Title	DIRECTOR
Name	SAMAHA, CINDI
Address	205 DR. MARTIN LUTHER KING ST. N., SUITE 2-133
City-State-Zip:	ST. PETERSBURG FL 33701

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: GAIL CLARK PRESIDENT 05/09/2016

Electronic Signature of Signing Officer/Director Detail — Date