

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006678

Entity Name: NORTH FLORIDA AFFILIATE OF THE SUSAN G. KOMEN
BREAST CANCER FOUNDATION, INC.**FILED**
May 01, 2017
Secretary of State
CC0973382226**Current Principal Place of Business:**200 WEST FORSYTH STREET
1620
JACKSONVILLE, FL 32202**Current Mailing Address:**5005 LBJ FREEWAY #250
DALLAS, TX 75244 US**FEI Number: 75-2844636****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	TREASURER
Name	PATEL , MANISHA
Address	200 WEST FORSYTH STREET 1620
City-State-Zip:	JACKSONVILLE FL 32202

Title	PRESIDENT
Name	KARGBO, MICHELLE
Address	200 WEST FORSYTH STREET 1620
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	PARKS, JOSEPH
Address	200 WEST FORSYTH STREET 1620
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MICHAEL, MITCHELL
Address	200 WEST FORSYTH STREET 1620
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	BEH, ANDREW
Address	200 WEST FORSYTH STREET, SUITE 1620
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	LAMENSDORF, MARK
Address	200 WEST FORSYTH STREET, SUITE 1620
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MARKWALTER, CATRINA
Address	200 WEST FORSYTH STREET, SUITE 1620
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MACKOUL, DIANA
Address	200 WEST FORSYTH STREET, SUITE 1620
City-State-Zip:	JACKSONVILLE FL 32202

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: MICHELLE KARGBO**PRESIDENT****05/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date