## **2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000006678

Entity Name: NORTH FLORIDA AFFILIATE OF THE SUSAN G. KOMEN

BREAST CANCER FOUNDATION, INC.

Apr 30, 2018 Secretary of State CC1763105247

**FILED** 

## **Current Principal Place of Business:**

5005 LBJ FREEWAY #526 DALLAS, TX 75244

## **Current Mailing Address:**

5005 LBJ FREEWAY #526 DALLAS, TX 75244 US

FEI Number: 75-2844636 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JACKSONVILLE FL 32202

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

1620

1620

1620

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title TREASURER Title PRESIDENT

Name PATEL , MANISHA Name KARGBO, MICHELLE

Address 200 WEST FORSYTH STREET Address 200 WEST FORSYTH STREET

City-State-Zip: JACKSONVILLE FL 32202

1620

Title DIRECTOR Title DIRECTOR

Name PARKS, JOSEPH Name MICHAEL, MITCHELL

Address 200 WEST FORSYTH STREET Address 200 WEST FORSYTH STREET

1620

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

Name BEH, ANDREW Name LAMENSDORF, MARK

Address 200 WEST FORSYTH STREET, SUITE Address 200 WEST FORSYTH STREET, SUITE

1620

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

Name MARKWALTER, CATRINA Name MACKOUL, DIANA

Address 200 WEST FORSYTH STREET, SUITE Address 200 WEST FORSYTH STREET, SUITE

City-State-Zip: JACKSONVILLE FL 32202 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 04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date