2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2013
Secretary of State
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Entity Name: NORTH FLORIDA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC.

Current Principal Place of Business:

2950 HALCYON LANE
#501
JACKSONVILLE, FL 32223

Current Mailing Address:

2950 HALCYON LANE
#501
JACKSONVILLE, FL 32223

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	PRES
Name	ALLEN, LINDA MRS.
Address	2950 HALCYON #501
City-State-Zip:	JACKSONVILLE FL 32223

Title	SECR
Name	MALY, HENRY MR.
Address	2950 HALCYON #501
City-State-Zip:	JACKSONVILLE FL 32223

Title	DIRE
Name	MURRAY, JOHN
Address	2950 HALCYON DRIVE #501
City-State-Zip:	JACKSONVILLE FL 32223

Title	TREASURER
Name	QUEVEDO, CHRIS
Address	2950 HALCYON LANE #501
City-State-Zip:	JACKSONVILLE FL 32223

Title	DIRECTOR
Name	MATTSON, SCOTT MR.
Address	2950 HALCYON #501
City-State-Zip:	JACKSONVILLE FL 32223

Title	D
Name	ANKIT, DESAI DR.
Address	2950 HALCYON DRIVE #501
City-State-Zip:	JACKSONVILLE FL

Title	DIRE
Name	WHITE, TYLER
Address	2950 HALCYON DRIVE #501
City-State-Zip:	JACKSONVILLE FL 32223

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: SCOTT MATTSON DIRECTOR 01/06/2013

Electronic Signature of Signing Officer/Director Detail — Date