

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 07, 2013
Secretary of State
CC2869624939

Entity Name: BREAST FRIENDS CORPORATION

Current Principal Place of Business:

14050 SW PACIFIC HWY, #201
TIGARD, OR 97224

Current Mailing Address:

14050 SW PACIFIC HWY, #201
TIGARD, OR 97224

FEI Number: 93-1320871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER, SHERRY
1309 S. BABCOCK ST. #148
MELBOURNE, FL 32901 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 CPO
Name HENIFIN, SHARON
Address 14325 SW FANNO CREEK LOOP
City-State-Zip: TIGARD OR 97224

Title CEO
Name OLSON, BECKY
Address 14785 SW CARLSBAD DR.
City-State-Zip: BEAVERTON OR 97007

Title CHAIRMAN
Name HOURIET, CHARMAINE
Address VANCOUVER CLINIC
700 NE 87TH AVENUE
City-State-Zip: VANCOUVER WA 98664

Title SEC
Name GILMOUR, GIA
Address 9815 SW RED ROCK WAY
City-State-Zip: BEAVERTON OR 97007

Title VC
Name TWIST, ELISABETH ATTY
Address 17407 SW MONTAGUE WAY
City-State-Zip: PORTLAND OR 97224

Title TREA
Name FISH, HALEY CPA
Address 8120 SW CEDARCREST ST
City-State-Zip: PORTLAND OR 97223

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: BECKY M. OLSON

CEO

03/07/2013

Electronic Signature of Signing Officer/Director Detail

Date