

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008971

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: GINA OLIVA FOUNDATION, INC.

**Current Principal Place of Business:**

1803 W. CRAWFORD ST.  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

1803 W. CRAWFORD ST.  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 26-0879425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLIVA, ROSEANNE  
1803 W. CRAWFORD ST.  
TAMPA, FL 33604    US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OLIVA, ROSEANNE  
Address: 1803 W. CRAWFORD ST.  
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete  
Name: SOTOLONGO, ANGELA  
Address: 1308 ALICIA AVE  
City-St-Zip: TAMPA, FL 33604

Title: TRES ( ) Delete  
Name: SOTOLONGO, MANUEL  
Address: 1308 ALICA AVE  
City-St-Zip: TAMPA, FL 33604

Title: SEC ( ) Delete  
Name: BENTON, DEBANEY  
Address: 9918 DAVIS RD  
City-St-Zip: TAMPA, FL 33617

Title: COO ( ) Delete  
Name: OLIVA, JOHN  
Address: 2717 W. BRADDOCK ST.  
City-St-Zip: TAMPA, FL 33607

Title: CHRM ( ) Delete  
Name: OLIVA, MATTHEW  
Address: 1803 W. CRAWFORD ST.  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSEANNE OLIVA

P

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date