

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008971

FILED
Apr 29, 2009
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

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date