

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004066

**FILED**  
**Apr 23, 2020**  
**Secretary of State**  
**5254795713CC**

**Entity Name:** THE BELINDA SUE FUND FOR OVARIAN CANCER  
AWARENESS & RESEARCH INC

**Current Principal Place of Business:**

2350 GALAXY WAY  
ORION, MI 48360

**Current Mailing Address:**

PO BOX 210159  
AUBURN HILLS, MI 48321

**FEI Number: 45-3715444**

**Certificate of Status Desired: No**

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

PRINCE, JACQUELINE A  
12214 ANNE KENIA DR.  
THONOTOSASSA, FL 33592 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 CHAIRMAN & TREASURER  
Name NANTAIS, THOMAS S  
Address 2350 GALAXY WAY  
City-State-Zip: LAKE ORION MI 48360

Title DIRECTOR  
Name MAYKOVICH, CAROLINE  
Address 450 N. MILDRED ST.  
City-State-Zip: DEARBORN MI 48128

Title DIRECTOR  
Name ULREICH, CYNTHIA  
Address 2620 COMPTON DR APT 30  
City-State-Zip: WATERFORD MI 48329

Title PRESIDENT  
Name PRINCE, JACQUELINE A  
Address 12214 ANNE KENIA DR.  
City-State-Zip: THONOTOSASSA FL 33592

Title VP  
Name MUNKARAH, MICHELE  
Address 6520 BURTONWOOD DR.  
City-State-Zip: WEST BLOOMFIELD MI 48322

Title SECRETARY  
Name CRUZ, LISA M  
Address 1114 JUDITH ST.  
City-State-Zip: WESTLAND MI 48186

Title DIRECTOR  
Name NANTAIS, SUZANNE  
Address 2700 E. GRAND RESERVE CIR  
1010  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name SWORD, ASHLEY  
Address 24524 PENN STREET  
City-State-Zip: DEARBORN MI 48124

*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: JACQUELINE A PRINCE**

**DIRECTOR**

**04/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date