

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004066

Entity Name: THE BELINDA SUE FUND FOR OVARIAN CANCER AWARENESS
& RESEARCH INC**FILED**
Apr 13, 2023
Secretary of State
4059648917CC**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 2350 GALAXY WAY

City-State-Zip: LAKE ORION MI 48360

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: THONOTOTOSASSA FL 33592

Title VP

Name MUNKARAH, MICHELE

Address 968 YARMOUTH RD.

City-State-Zip: BLOOMFIELD HILLS MI 48301

Title SECRETARY

Name CRUZ, LISA M

Address 38362 OAKWEST DR.

City-State-Zip: WESTLAND MI 48185

Title DIRECTOR

Name NANTAIS, SUZANNE

Address 1607 E. DEL WEBB RD.

City-State-Zip: SUN CITY CENTER FL 33753

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**PRESIDENT****04/13/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date