

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90010 043 ****61.25

DOCUMENT # N02000002197

1. Entity Name

OVARIAN CANCER ALLIANCE OF FLORIDA, INC.



Principal Place of Business

1522 MELODY LANE
APOPKA FL 32703

Mailing Address

P.O. BOX 2421
WINTER PARK FL 32790-2421

04033008

2. Principal Place of Business

1855 West SR 434

Suite, Apt. #, etc.

Suite 282

City & State

Longwood, FL

Zip
32750

Country

3. Mailing Address

1855 West SR 434

Suite, Apt. #, etc.

Suite 282

City & State

Longwood, FL

Zip
32750

Country



MOORE

CR2E037 (4/04)

4. FEI Number

06-1639604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENSLEY, MYRTLE C
1522 MELODY LANE
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name MARGE HAY

Street Address (P.O. Box Number is Not Acceptable)

760 N. Thistle Lane

City

Maitland

FL

Zip Code

32751

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME BOESCH, MARSHA ☐ Delete
STREET ADDRESS 2264 CATBRIAR WAY
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME CHARLAND, LOLLIE ☒ Delete
STREET ADDRESS 307 REEVES ST
CITY-ST-ZIP CELEBRATION FL 34747

TITLE
NAME DENNISON, DEBBIE ☐ Delete
STREET ADDRESS 2501 N ORANGE AVE #689
CITY-ST-ZIP ORLANDO FL 32804

TITLE
NAME DONIHI, BONNIE ☐ Delete
STREET ADDRESS 1700 FOUNTAINHEAD DR
CITY-ST-ZIP LAKE MARY FL 32749

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME BONNIE DONIHI ☒ Change ☐ Addition
STREET ADDRESS 1217 PALM BREEZE COURT
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonnie Donihi

6/18/04