

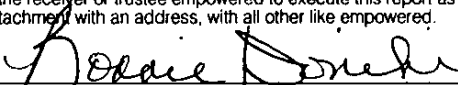


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90049 011 \*\*\*\*70.00

<b>DOCUMENT # N02000002197</b> 1. Entity Name <b>OVARIAN CANCER ALLIANCE OF FLORIDA, INC.</b>					
Principal Place of Business <b>1855 WEST SR 434 - SUITE 282 LONGWOOD, FL 32750</b>			Mailing Address <b>1855 WEST SR 434 - SUITE 282 LONGWOOD, FL 32750</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 1.5em; font-weight: bold;">40123640</div> 	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>06-1639604</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>HAY, MARGE 760 N. THISTLE LANE MAITLAND, FL 32751</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOESCH, MARSHA 2264 CATBRIAR WAY OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	See attached List <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENNISON, DEBBIE 2501 N ORANGE AVE #689 ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONIHI, BONNIE 1217 PALM BREEE COURT LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			Date: <b>7/5/07</b> Daytime Phone #: <b>407-339-0024</b>		

# ATTACHMENT 40123640

Attachment to 2007 Not-For-Profit Corporation Annual Report

Page 1 of 2

Ovarian Cancer Alliance of Florida

Document #N02000002197

## Additions/Changes to Officers and Directors in Block 10

D

Belfay, Cheryl  
222 East Concord Street  
Orlando, FL 32801

D

Brockman, Maureen  
1315 Waterwitch Cove Circle  
Orlando, FL 32806

D

Chan, Marty  
5333 Thames Circle  
Longwood, FL 32750

D

Fish, Carrie  
1681 Edgewater Drive  
Mt Dora, FL 32757

S

Johnson, Jasmin  
5445 Canna Court  
Port Orange, FL 32128

D

Lowke, Jeanne  
1761 Edgewater Drive  
Mt. Dora, FL 32757

D

Murphy, Tom  
2626 Bent Hickory Drive  
Longwood, FL 32779

D

O'Neal, Lucille  
6130 Foxfield Court  
Windermere, FL 34786

D

Rauhofer, Don  
P. O. Box 621856  
Oviedo, FL 32762

ATTACHMENT 40123640

Attachment to 2007 Not-For-Profit Corporation Annual Report  
Ovarian Cancer Alliance of Florida  
Document #N02000002197

Page 2 of 2

Additions/Changes to Officers and Directors in Block 10

P

Riesterer, JoEllen  
3605 Midiron Drive  
Winter Park, FL 32789

D

Ryan, Cynthia Brennan  
200 S Orange Avenue #2600  
Orlando, FL 32801

D

Sorrells, Mitra  
9528 Queenbury Court  
Windermere, FL 34786

D

Spinelli, Alice, MSN, ARNP, AOCN  
2000 Villa Espana Trail  
Melbourne, FL 32935

T

Thurston, Jerrey  
200 E New England Avenue 4<sup>th</sup> Floor  
Winter Park, FL 32789

D

VanDerWeide, Judy  
104 Sweetwater Hill Drive  
Longwood, FL 32779

D

Zamboni, Teresa  
5466 St. Regis Way  
Port Orange, FL 32128

D

Zehnder, Hollis  
3330 Gator Bay Creek Road  
St. Cloud, FL 34772