2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002197



FILED Feb 25, 2008 8:00 am Secretary of State

Entity Name OVARIAN		R ALLIANCE OF F	FLORIDA,	INC.				02-23-2008	90034 030	, 10.	00	
1855 WEST SR 434 - SUITE 282 1855				ing Address 55 WEST SR 434 - SUITE 282 NGWOOD, FL 32750			1 (0.0) (14.0)	erin (len ton) orni o		er 17010 19111 (ED		
2. Principal Place of Business - No P.O. Box # 3. Mai			3. Mailing	ailing Address								
Suite, Apt. #, etc. Su			Suite,	Suite, Apt. #, etc.			02222008	Chg-NP	CR2E03	7 (12/06)		
City & State		City &	City & State			4. FEI Number 06-1639604			Applied For Not Applicable			
Zip	Cip Country		Zip		Country		5. Certificate of Status Desired X \$8.75 Ad Fee Require					
6. Name and Address of Current Registere			Registered A	gent			7. Name and	Address of New	Registered A	gent		
					Name							
HAY, MARGE 760 N. THISTLE LANE MAITLAND, FL 32751					Street Ade	Street Address (P.O. Box Number is Not Acceptable)						
					1							
					City	•			FL	Zip Cod	e	
	ions of regist	y submits this statement for lered agent. or printed name of registered agen	,		registered office or r			h, in the State of F	Florida. I am i	amiliar with,	and accept	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
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10.			IRECTORS				Added to Fees	Ç	orida Depar	tment of S	tate	
TITLE	Due by N	OFFICERS AND D	IRECTORS		Ontribution. C		Added to Fees	File	orida Depar	tment of S	tate	
	Due by N BELFAY, 222 EAST	OFFICERS AND D		Trust Fund C	ontribution.		Added to Fees	File	orida Depar	RECTORS IN	tate	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR