

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002197

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: OVARIAN CANCER ALLIANCE OF FLORIDA, INC.

## Current Principal Place of Business:

1855 WEST SR 434 - SUITE 282  
LONGWOOD, FL 32750

## New Principal Place of Business:

1855 WEST SR 434 - SUITE 282  
LONGWOOD, FL 32750 US

## Current Mailing Address:

1855 WEST SR 434 - SUITE 282  
LONGWOOD, FL 32750

## New Mailing Address:

1855 WEST SR 434 - SUITE 282  
LONGWOOD, FL 32750 US

FEI Number: 06-1639604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAY, MARGE  
760 N. THISTLE LANE  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

DONIHI, BONNIE  
1217 PALM BREEZE CT  
LAKE MARY, FL 32746 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: BONNIE DONIHI

04/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BELFAY, CHERYL  
Address: 222 EAST CONCORD STREET  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: BROCKMAN, MAUREEN  
Address: 1315 WATERWITCH COVE CIRCLE  
City-St-Zip: ORLANDO, FL 32806

Title: ED ( ) Delete  
Name: DONIHI, BONNIE  
Address: 1217 PALM BREEZE COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: CHAN, MARTY  
Address: 5333 THAMES CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: FISH, CARRIE  
Address: 1681 EDGEWATER DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: S ( ) Delete  
Name: JOHNSON, JASMIN  
Address: 5445 CANNA COURT  
City-St-Zip: PORT ORANGE, FL 32128

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SORRELLS, MITRA  
Address: 9528 QUEENSBURY CT  
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: JOHNSON, JASMIN  
Address: 5445 CANNA COURT  
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JASMIN JOHNSON

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date