

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002197

FILED
Mar 20, 2012
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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 06-1639604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

Title: VP
Name: SORRELLS, MITRA
Address: 9528 QUEENSBURY CT
City-St-Zip: WINDERMERE, FL 34786 US

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

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

Title: T
Name: JOELLEN, CLICK
Address: 3605 MIDIRON DRIVE
City-St-Zip: WINTER PARK,, FL 32789 US

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: BONNIE DONIHI

D

03/20/2012

Electronic Signature of Signing Officer or Director

Date