

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90214 040 \*\*\*\*61.25

**DOCUMENT # N02000002197**

1. Entity Name

**OVARIAN CANCER ALLIANCE OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

~~2626 BENT HICKORY CIRCE~~

~~2626 BENT HICKORY CIRCE~~

~~LONGWOOD FL 32779~~

~~LONGWOOD FL 32779~~

1522 Melody Lane  
Apopka Fl. 32703

2. Principal Place of Business

3. Mailing Address

P.O. Box 2421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32790-2421

4. FEI Number

06-1639604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

11015661



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MURPHY, JUDY~~

~~2626 BENT HICKORY CIRCE~~

~~LONGWOOD FL 32779~~

Myrtle C Hensley  
1522 Melody Lane  
Apopka Fl. 32703

Name

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

City

FL

Zip Code

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

Myrtle C Hensley - Treasurer

Myrtle C Hensley 4/26/03

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Delete  
NAME **D DENNISON, DEBBIE**  
STREET ADDRESS **2501 N ORANGE AVE #68**  
CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE ☐ Delete  
NAME **D DONIH, DONNIE**  
STREET ADDRESS **1709 FOUNTAINHEAD DR**  
CITY-ST-ZIP **LAKE MARY FL 32749**

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

TITLE ☐ Delete  
NAME **D DURR, SANDY**  
STREET ADDRESS **106 WILLOW TREE**  
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

Myrtle C Hensley 4/26/03 407 303-3661

CR2E037 (10/02)