

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002758

FILED
Jan 08, 2008
Secretary of State

Entity Name: CELMA MASTRY OVARIAN CANCER FOUNDATION, INC.

Current Principal Place of Business:

52 DOLPHIN DRIVE
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

52 DOLPHIN DRIVE
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 33-1023477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANSSEN, JULIE
52 DOLPHIN DRIVE
TREASURE ISLAND, FL 33706 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: PTD () Delete
Name: JANSSEN, JULIE
Address: 52 DOLPHIN DRIVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD () Delete
Name: CARLAN, CLAUDETTE
Address: 4309 DEERWOOD DR
City-St-Zip: ZOLPHO SPRINGS, FL 33890

Title: VD () Delete
Name: MASTRY, MICHAEL G MD
Address: 3B BEAUFORT CT, RABY BAY
City-St-Zip: CLEVELAND, QU 4163 AU

Title: TRD () Delete
Name: MASTAY, CONSTANTINE E
Address: 8360 73RD COURT
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CONSTANTINE E. MASTRY

TRD

01/08/2008

Electronic Signature of Signing Officer or Director

Date