


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90041 034 ****61.25

DOCUMENT # N02000003247 1. Entity Name OVARIAN CANCER ALLIANCE OF FLORIDA-GULF COAST, INC.					
Principal Place of Business 5835 CLOUDSTONE COURT NAPLES, FL 34119-4606			Mailing Address 5835 CLOUDSTONE COURT NAPLES, FL 34119-4606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<div style="display: flex; justify-content: space-between;"> 02042004 Chg-NP CR2E037 (10/03) </div>					
4. FEI Number 02-0593316				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENIVEGNA, CAROLYN 5835 CLOUDSTONE COURT NAPLES, FL 34119-4606			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Carolyn Benivegna</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-10-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENIVEGNA, CAROLYN		NAME		
STREET ADDRESS	5835 CLOUDSTONE COURT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119-4606		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, SUSAN		NAME		
STREET ADDRESS	210 SILVERADO		STREET ADDRESS	583 PARK SHORE DR.	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MIFSUD, PATRICIA		NAME	SARRACINO, SANDRA	
STREET ADDRESS	2035 IMPERIAL GOLF COURSE BLVD		STREET ADDRESS	2714 ISLAND POND LN.	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, ANDREW J ESQ		NAME		
STREET ADDRESS	210 SILVERADO		STREET ADDRESS	583 PARK SHORE DR.	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PFAENDER, JANE		NAME	PHILLIP ROLAND, MD	
STREET ADDRESS	230 1ST STREET SW		STREET ADDRESS	2776 Cleveland Ave, Ste 717	
CITY-ST-ZIP	NAPLES, FL 34117		CITY-ST-ZIP	Ft. Myers FL 33901	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORR, JAMES		NAME		
STREET ADDRESS	2776 CLEVELAND AVE STE 717		STREET ADDRESS	ORR, JAMES	
CITY-ST-ZIP	FT. MYERS, FL 33901		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: <u><i>Carolyn Benivegna</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4-10-04</u> DAYTIME PHONE # <u>239.455.0554</u>		