

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90274 023 ****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.		01102006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 02-0593316	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
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 <u>Carolyn Benivegna</u> Street Address (P.O. Box Number is Not Acceptable) <u>6017 Pine Ridge Rd.</u> <u># 149</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34119</u>		
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>Carolyn Benivegna</u> <u>Carolyn Benivegna, Exec. Dir.</u> <u>1-10-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	EXDR BENIVEGNA, CAROLYN 5835 CLOUDSTONE COURT NAPLES, FL 341194606 <u>OK</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACDONALD, SHARON 2776 CLEVELAND AVE., #463 FT. MYERS, FL 33901 <u>X Delete</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <u>Andrew Krause, Esq.</u> <u>X Change</u> <input type="checkbox"/> Addition <u>801 Laurel Oak Dr.</u> <u># 640</u> <u>Naples FL 34108</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARRACINO, SANDRA 2714 ISLAND POND LN. NAPLES, FL 34119 <u>OK</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <u>Sarracino, Sandra</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Same</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, ANDREW J ESQ 583 PARK SHORE DR. NAPLES, FL 34103 <u>Pres.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <u>Cathy Caldwell</u> <input type="checkbox"/> Change <u>X Addition</u> <u>Soldavini Assoc - 5455 Jaeger Rd.</u> <u>Naples FL 34109</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JANICE 2776 CLEVELAND AVE., 3-WEST FT. MYERS, FL 33901 <u>X Delete</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAN, MIKE PO BOX 2218 FT. MYERS, FL 33902 <u>X Delete</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Carolyn Benivegna</u> <u>Carolyn Benivegna</u> <u>1-10-06</u> <u>455.0559</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					