

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90063 005 \*\*\*\*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  
**6017 PINE RIDGE RD., #149  
NAPLES, FL 34119**

**40041232**



03192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**02-0593316**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEIGEL, ROSALIE  
6017 PINE RIDGE RD.  
#149  
NAPLES, FL 34119**

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 *Rosalie Seigel* *Rosalie Seigel* *Executive Director*

*3/21/07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
NAME **ED** ☐ Delete  
STREET ADDRESS **SEIGEL, ROSALIE**  
CITY-ST-ZIP **6017 PINE RIDGE ROAD #149  
NAPLES, FL 34119**

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

TITLE  
NAME **P** ☐ Delete  
STREET ADDRESS **HARLOE, ELAINE**  
CITY-ST-ZIP **4958 KINGSTON WAY  
NAPLES, FL 34119**

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

TITLE  
NAME **S** ☐ Delete  
STREET ADDRESS **HASTINGS, KIM ESQ**  
CITY-ST-ZIP **3301 BONITA BEACH RD STE 308  
BONITA SPRINGS, FL 34134**

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

TITLE  
NAME **T** ☐ Delete  
STREET ADDRESS **CALDWELL, CATHY**  
CITY-ST-ZIP **SOLDAVINI ASSOC.-5456 JAEGER RD.  
NAPLES, FL 34109**

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

TITLE  
NAME **V** ☒ Delete  
STREET ADDRESS **BAROLO, JENNIFER**  
CITY-ST-ZIP **681 4TH AVE, NORTH STE 2  
NAPLES, FL 34102**

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

TITLE  
NAME **DBOM** ☐ Delete  
STREET ADDRESS **CHASNOV, KELLY**  
CITY-ST-ZIP **10801 CORKSCREW RD STE 179  
ESTERO, FL 33928**

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 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 *Rosalie Seigel* *Rosalie Seigel*

*3/21/07*

*239-455-0554*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #