2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90056 035 ****61.25

DOCUMENT # N0200003247 1. Entity Name OVARIAN CANCER ALLIANCE OF FLORIDA-GULF COAST, INC.						а.		90056 035 ****	61.25
Principal Place of Business 5835 CLGUDSTONE-COURT NAPLES, FL 34119-4606 Mailing Address 6017 PINE RIDGE RD., #149 NAPLES, FL 34119							1047490		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
495 8 Suite, Apt	KINGSTUN WAY	Suite, Apt. #, etc.				20152000			
		·				02152008	Chg-NP	CR2E037 (12/06	·
NAPLES F4 City & State					4	. FEI Numbe 02-0593	3316		Applied For Not Applicable
3 4/1	9 COLLIER	Zip	Cour	ntry	5	. Certificate	of Status Desired	\$8.75 / Fee Requ	
	6. Name and Address of Current Re	egistered Agent			7	. Name and	Address of New I	Registered Agent	
SEIGEL, F	ROSALJE			Name L	AIN	HA	RLOE	• 	
601 PINE RIDGE RD.				Street Ade	ldress (P.O	. Box Numbe	er is Not Acceptable	le)	
#149 NAPLES,	Fi 34119			4958 KING-STON WAY					
				City N	NTPLES FL 39/19				
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
ł	organicale, typed or primed name or registered agent and	distribution (NOTI	E: Hegistered	Agent signature	e required whe	n reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund C	mpaign Fi	nancing	□ \$5.	5.00 May Boded to Fees	Flo	Make check payable rida Department of	State
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Car Trust Fund C	mpaign Fil Contributio	nancing on. [□ \$5 Ad	5.00 May Boded to Fees	Flo NGES TO OFFICE	Make check payable inda Department of ERS AND DIRECTORS	State IN 10
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indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the indicated 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: _