2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

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Entity Name: OVACOME OF TAMPA BAY FOUNDATION, INC.

Current Principal Place of Business:

980 TYRONE BLVD, N.
ST. PETERSBURG, FL 337106333

New Principal Place of Business:

11003 CARROLLWOOD DRIVE
TAMPA, FL 33618

Current Mailing Address:

P.O. BOX 272072
TAMPA, FL 336882072

New Mailing Address:

FEI Number: 20-1349867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRABB, KELLI H ESQ
980 TYRONE BLVD. N
ST. PETERSBURG, FL 33710 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:	PD	( ) Delete
Name:	JOHNSTON, KATINA	
Address:	11003 CARROLLWOOD DRIVE	
City-St-Zip:	TAMPA, FL 33618	
Title:	VD	( ) Delete
Name:	ALTEMOSE, KAREN	
Address:	4906 W. BAY WAY PLACE	
City-St-Zip:	TAMPA, FL 33629	
Title:	VD	( ) Delete
Name:	KELLER, JAMES R	
Address:	133 10TH STREET E	
City-St-Zip:	TIERRA VERDE, FL 33715	
Title:	VD	( ) Delete
Name:	SPATZ, MARY	
Address:	99A DAVIS BLVD	
City-St-Zip:	TAMPA, FL 33606	
Title:	TD	( ) Delete
Name:	KULINICHENKO, BONNIE M	
Address:	4808 W. MELROSE AVENUE	
City-St-Zip:	TAMPA, FL 33629	
Title:	SD	( ) Delete
Name:	MARTINEZ, CAROLE	
Address:	16701 LONGLEAF DRIVE	
City-St-Zip:	LUTZ, FL 33549	

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:	VD	(X) Change ( ) Addition
Name:	BAGSHAW, JUDITH	
Address:	9003 EGRET COVE CIR	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	TD	(X) Change ( ) Addition
Name:	NEIL, T. COREY	
Address:	3711 W. SAN LUIS ST.	
City-St-Zip:	TAMPA, FL 33629	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: T. COREY NEIL TD 04/17/2006

Electronic Signature of Signing Officer or Director — Date