

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006439

FILED
Apr 10, 2009
Secretary of State

Entity Name: OVACOME OF TAMPA BAY FOUNDATION, INC.

Current Principal Place of Business:

11003 CARROLLWOOD DRIVE
TAMPA, FL 33618

New Principal Place of Business:

3107 W HARBOR VIEW AVE
TAMPA, FL 33611

Current Mailing Address:

P.O. BOX 272072
TAMPA, FL 336882072

New Mailing Address:

P.O. BOX 173427
TAMPA, FL 33672

FEI Number: 20-1349867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

LEWIS, LINDSEY
3107 W HARBOR VIEW AVE
TAMPA, FL 33611 US

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: LINDSEY LEWIS

04/10/2009

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: TD () Delete
Name: NEIL, T. COREY
Address: 3711 W. SAN LUIS ST.
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: PD (X) Change () Addition
Name: LEWIS, LINDSEY
Address: 3107 W HARBOR VIEW AVE
City-St-Zip: TAMPA, FL 33611

Title: TD (X) Change () Addition
Name: BERRY, KYLE
Address: 18969 PORTOFINO DR.
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition
Name: MARTINEZ, CAROLE
Address: 16701 LONGLEAF DRIVE
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify 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: LINDSEY LEWIS

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date