

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N05000010128					
1. Entity Name DANA MARCUS OVARIAN CANCER FOUNDATION, INC.					
Principal Place of Business 4800 LINTON BLVD BLDG A202 DELRAY BEACH, FL 33445-6506			Mailing Address 4800 LINTON BLVD BLDG A202 DELRAY BEACH, FL 33445-6506		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3889191	
5. Name and Address of Current Registered Agent BUCHALTER, SHARON F 4800 LINTON BLVD BLDG A202 DELRAY BEACH, FL 33445-6506				6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
9. 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. (See further with and accept the obligations of registered agent.)					
SIGNATURE: <u>Sharon F Buchalter</u> <u>6/26/06</u>					
Filing Fee is \$81.25 Due by May 1, 2006			10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee		
11. OFFICERS AND DIRECTORS			12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
Director	Sharon Fried-Buchalter	4800 Linton Blvd., Bldg. A202	Delray Beach, FL 33445		
13. 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 supporting 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 person or persons authorized to execute this report as required by Chapter 517, Florida Statutes and that the name appears in Block 10 or Block 11 of this report, or on an associated filing address, with all other the information.					
SIGNATURE: <u>Sharon F Buchalter</u> <u>6/26/06</u>					