

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010129

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**

DO NOT WRITE IN THIS SPACE



02202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3889191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUCHALTER, SHARON F
4800 LINTON BLVD BLDG A202
DELRAY BEACH, FL 33445-6506**

**DO NOT WRITE
IN THIS SPACE**

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, 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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIED-BUCHALTER, SHARON
STREET ADDRESS	4800 LINTON BLVD, BLDG. A202
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

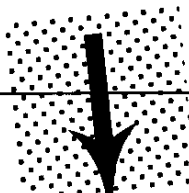
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**SIGN
HERE**



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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon Fried Buchalter PhD 2/25/07 611 789-3842