

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008971

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: GINA OLIVA FOUNDATION, INC.

**Current Principal Place of Business:**

1803 W. CRAWFORD ST.  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

1803 W. CRAWFORD ST.  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 26-0879425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLIVA, ROSEANNE  
1803 W. CRAWFORD ST.  
TAMPA, FL 33604 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: P  
Name: OLIVA, ROSEANNE  
Address: 1803 W. CRAWFORD ST.  
City-St-Zip: TAMPA, FL 33604

Title: V  
Name: SOTOLONGO, ANGELA  
Address: 1308 ALICIA AVE  
City-St-Zip: TAMPA, FL 33604

Title: T  
Name: SOTOLONGO, MANUEL  
Address: 1308 ALICA AVE  
City-St-Zip: TAMPA, FL 33604

Title: S  
Name: BENTON, DEBANEY  
Address: 9918 DAVIS RD  
City-St-Zip: TAMPA, FL 33617

Title: COO  
Name: OLIVA, JOHN  
Address: 2717 W. BRADDOCK ST.  
City-St-Zip: TAMPA, FL 33607

Title: CHRM  
Name: OLIVA, MATTHEW  
Address: 1803 W. CRAWFORD ST.  
City-St-Zip: TAMPA, FL 33604

I hereby 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 all other like empowered.

SIGNATURE: ROSEANNE OLIVA

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date