

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011465

FILED
Jun 22, 2012
Secretary of State

Entity Name: MARY MAVROMATIS OVARIAN CANCER ASSISTANCE FOUNDATION, INC.

Current Principal Place of Business:

3150 PINON DRIVE
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

3150 PINON DRIVE
HOLIDAY, FL 34691 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAVROMATIS, FONTAINE J
3150 PINON DRIVE
HOLIDAY, FL 34691 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: MAVROMATIS, FONTAINE
Address: 3150 PINON DRIVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: VP
Name: MAVROMATIS, LEON J
Address: 3150 PINON DRIVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: TRE
Name: MAVROMATIS, NICHOLAS G
Address: 4989 CARDINAL TRAIL
City-St-Zip: PALM HARBOR, FL 34683 US

Title: SEC
Name: KERDEMELIDIS, KATHERINE M
Address: 1022 EAST LIME STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: FONTAINE J. HALKIDIS

PRES

06/22/2012

Electronic Signature of Signing Officer or Director

Date