

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19214

FILED
Feb 18, 2009
Secretary of State

Entity Name: OCALA ROYAL DAMES FOR CANCER RESEARCH, INC.

Current Principal Place of Business:

4490 NW 84TH TERRACE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6163
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2845664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHARD, DOCK A ESQ
4 SOUTHEAST BROADWAY STREET
OCALA, FL 34471 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 () Delete
Name: KUTTAS, LYDIA
Address: 4490 NW 84TH TERRACE
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: CRIPPEN, DONNA
Address: 1910 SE 37TH COURT CIRCLE
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: MICILCAVAGE, JOLENE
Address: 5188 NW 76TH COURT
City-St-Zip: OCALA, FL 34482

Title: T () Delete
Name: ZEEDYK, KAREN
Address: 816 SE 36 LANE
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: PEARSON, LINDA
Address: 10 DIAMOND ISLAND AVENUE
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAREN ZEEDYK

TREA

02/18/2009

Electronic Signature of Signing Officer or Director

Date