

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19214

**FILED**  
**Jan 24, 2011**  
**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:**

14468 SE 143RD TERR  
WEIRSDALE, FL 32195

**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 (X)**

**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  
Name: PORTER, NANCY  
Address: 14468 SE 143RD TERR  
City-St-Zip: WEIRSDALE, FL 32195

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

Title: T  
Name: HUNT, PATRICIA  
Address: 4970 SW 2ND CT  
City-St-Zip: OCALA, FL 34471

Title: S  
Name: MICILCAVAGE, JOLENE  
Address: 5188 NW 76TH CT  
City-St-Zip: OCALA, FL 34482

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: NANCY PORTER

PRES

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date