

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005545

FILED
Feb 14, 2006
Secretary of State

Entity Name: NATIONAL OVARIAN CANCER COALITION, INC.

Current Principal Place of Business:

500 NE SPANISH RIVER BLVD., STE 8
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

500 NE SPANISH RIVER BLVD., STE 8
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0628064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARELLEK, STEVEN ESQ.
700 S. FEDERAL HWY
STE 200
BOCA RATON, FL 33432 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: FABRIZIO, JULENE
Address: 116 CARRIAGE HILL DR
City-St-Zip: MARS, PA 16046

Title: CHAI () Delete
Name: LANGRIDGE, JANE
Address: 121 ELISIE ST.
City-St-Zip: SAN FRANCISCO, CA 94110

Title: D () Delete
Name: GERSTEIN, WILLIAM
Address: 700 S. FEDERAL HWY., STE. 200
City-St-Zip: BOCA RATON, FL 33432

Title: V () Delete
Name: LOCKWOOD-RAYERMANN, SUZY RN, PHD
Address: 6024 WELCH AVE
City-St-Zip: FT WORTH, TX 76133

Title: T () Delete
Name: DAVID, GABER
Address: 222 EAST THIRD STREET
City-St-Zip: HINSDALE, IL 60521

Title: S () Delete
Name: HOWARD, MIMI
Address: 31 CAMBRIA RD, W
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DONAHUE, APRIL
Address: 1033 ROUNDHOUSE ROAD
City-St-Zip: KINTNERVILLE, PA 18930

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

Title: CHAI (X) Change () Addition
Name: LOCKWOOD-RAYERMANN, SUZY RN, PHD
Address: 6024 WELCH AVE
City-St-Zip: FT WORTH, TX 76133

Title: T (X) Change () Addition
Name: DAVID, GABER
Address: 222 EAST THIRD ST
City-St-Zip: HINSDALE, IL 60521

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LORI HAYWARD

D

02/14/2006

Electronic Signature of Signing Officer or Director

Date