

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001869 (6)**

1. Corporation Name
CHILDRENS ORGAN TRANSPLANT FUND OF AMERICA CORP.



Principal Place of Business
**127 B WALTON FRY. RD.
HENDERSONVILLE TN 37075**

Mailing Address
**P.O. BOX 650
HENDERSONVILLE TN 37077-0650**

3. Date Incorporated or Qualified **04/12/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **104 Williamsburg Dr.**
Suite, Apt. #, etc.
22
City & State
23 **Hendersonville, Tenn.**
Zip Country
24 **37075 USA**

2a. Mailing Address
26 **P.O. Box 650**
Suite, Apt. #, etc.
27
City & State
28 **Hendersonville, Tenn.**
Zip Country
29 **37077 USA**

4. FEI Number **62-1408131** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPION, HOLLIS	1.2 NAME	
STREET ADDRESS	684 CANNONBALL LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANSON MO 65616	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERLIN, EDDIE	2.2 NAME	
STREET ADDRESS	40009 KELSEY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL TN 37174	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEN, BARBARA	3.2 NAME	
STREET ADDRESS	502 WILLIAMSBURG DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HENDERSONVILLE TN 37075	3.4 CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmy Dee	4.2 NAME	
STREET ADDRESS	104 Williamsburg Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Hendersonville, TN 37077-0650	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leath, Wilma Jean	5.2 NAME	400001874544
STREET ADDRESS	1065 Payne Rd.	5.3 STREET ADDRESS	-06/25/96--01061--002
CITY-ST-ZIP	Portland, TN 37148	5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	900001874533
STREET ADDRESS		6.3 STREET ADDRESS	-06/25/96--01061--001
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***8.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jimmy Dee* **Jimmy Dee** **5-30-96** **615-824-5949**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)