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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000001869 (6)
1. Corporation Name
CHILDRENS ORGAN TRANSPLANT FUND OF AMERICA CORP.



Principal Place of Business: 104 WILLIAMSBURG DR. 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: 06/24/1996
4. FEI Number: 62-1408131
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 24 Zip 25 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country

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 _____

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include: D CHAMPION, HOLLIS 684 CANNONBALL LOOP BRANSON MO 65616; D SHERLIN, EDDIE 40009 KELSEY WAY SPRING HILL TN 37174; ST STEEN, BARBARA 502 WILLIAMSBURG DR. HENDERSONVILLE TN 37075; CP DEE, JIMMY 104 WILLIAMSBURG DR. HENDERSONVILLE TN 37075; D LEATH, WILMA JEAN 1065 PAYNE RD. PORTLAND TN 37148.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows 1.1-6.4 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE: Dec. 4-24-97

CR2E037 (9/96)