

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005725

FILED
Apr 21, 2011
Secretary of State

Entity Name: ASSOCIATES AND NURSES ENDORSING TRANSPLANTATION, INC.

Current Principal Place of Business:

301 THIRD AVE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

PO BOX 320669
COCOA BEACH, FL 329320669

New Mailing Address:

FEI Number: 52-1530111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAVAZOS, JUDI
301 THIRD AVE.
INDIALANTIC, FL 32903 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: D
Name: CAVAZOS, JUDI
Address: 301 THIRD AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: ES
Name: WAGGONER, TINA
Address: 105 S 28TH ST
City-St-Zip: COCOA BEACH, FL 32931

Title: T
Name: CHALOULT, NANCY
Address: 1185 WHITE OAK CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: VP
Name: GAINEY, MARY
Address: 1326 GEORGE EDWARD ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P
Name: BEAUCHAMP, CYNTHIA
Address: 327 PRISCILLA CT
City-St-Zip: HOUSTON, TX 77015

Title: HIST
Name: NEVE, DEE
Address: PO BOX 1205
City-St-Zip: CAPE CANAVERAL, FL 32920

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: JUDI CAVAZOS

DIR

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date