

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 17, 2009  
Secretary of State**

DOCUMENT# N08000004460

Entity Name: ORGAN DONOR AWARENESS FOUNDATION INC

**Current Principal Place of Business:**

11231 HERON BAY BLVD  
3615  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

11231 HERON BAY BLVD  
3615  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

FEI Number: 26-2603583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIRA, NEAL  
11231 HERON BAY BLVD  
#3615  
CORAL SPRINGS, FL 33076 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: COB      ( ) Delete  
Name: BIRA, NEAL  
Address: 11231 HERON BAY BLVD #3615  
City-St-Zip: CORAL SPRINGS, FL 33076  
  
Title: P      ( ) Delete  
Name: HARRIS, STACY  
Address: 4613 N. UNIVERSITY DRIVE #244  
City-St-Zip: CORAL SPRINGS, FL 33067  
  
Title: EVP      ( ) Delete  
Name: MARNELL, WAYNE  
Address: 5944 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076  
  
Title: VP      ( ) Delete  
Name: WEISBERGER, AIMEE  
Address: 8887 ROCKRIDGE GLEN COVE  
City-St-Zip: BOYNTON BEACH, FL 33473

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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: STACY HARRIS

P

03/17/2009

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

\_\_\_\_\_  
Date