

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N99000004381

Entity Name: ORGAN, INC.

Current Principal Place of Business:

4161 GATEWOOD ST
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410219
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 59-3593391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORDHAM, KATHLEEN D
3165 N. ATLANTIC AVE.
A104
COCOA BEACH, FL 32931 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: DP () Delete
Name: PARADIS, LEO
Address: 4161 GATEWOOD ST.
City-St-Zip: COCOA, FL 32926

Title: DVP () Delete
Name: KINDER, JOHN
Address: 865 GILLEN AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: D/T () Delete
Name: FORDHAM, KATHLEEN D
Address: 3165 N. ATLANTIC AVE A104
City-St-Zip: COCOA BEACH, FL 32931

Title: D/M () Delete
Name: GRIMES, SUE
Address: 814 WILLOW CREEK LANE
City-St-Zip: MELBOURNE, FL 32940

Title: D/S () Delete
Name: SYMONS, BETTY
Address: 1176 MEADOW LAKE RD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D/HL () Delete
Name: CAVAZOS, JUDI RN
Address: 301 THIRD AVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: RICCIARDI, FRANK
Address: 2880 N. WICKHAM RD.
City-St-Zip: MELBOURNE, FL 32935

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

Title: D/M (X) Change () Addition
Name: PARADIS, GLORIA
Address: 4161 GATEWOOD STREET
City-St-Zip: COCOA, FL 32926

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: KATHLEEN FORDHAM

D/T

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date