

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004381

FILED  
Feb 11, 2011  
Secretary of State

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 ( )

**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  
Name: PARADIS, LEO  
Address: 4161 GATEWOOD ST.  
City-St-Zip: COCOA, FL 32926

Title: D/VP  
Name: RICCIARDI, FRANK  
Address: 2880 N. WICKHAM RD. #509  
City-St-Zip: MELBOURNE, FL 32935

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

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

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

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

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: KATHLEEN D. FORDHAM

D/T

02/11/2011

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

\_\_\_\_\_  
Date