#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004460

Entity Name: ORGAN DONOR AWARENESS FOUNDATION INC

FILED Feb 23, 2015 Secretary of State CC8698142920

## **Current Principal Place of Business:**

5944 CORAL RIDGE DR

STE 268

CORAL SPRINGS, FL 330763300

### **Current Mailing Address:**

5944 CORAL RIDGE DR

**STE 268** 

CORAL SPRINGS, FL 330763300 US

FEI Number: 26-2603583 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

BIRA, NEAL 5944 CORAL RIDGE DR STE 268

CORAL SPRINGS, FL 330763300 US

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

#### Officer/Director Detail:

Title COB Title P

Name BIRA, NEAL Name SIGMAN, GARY

Address 5944 CORAL RIDGE DR Address 12 ROYAL PALM WAY

STE 268 #406

City-State-Zip: CORAL SPRINGS FL 330763300 City-State-Zip: BOCA RATON FL 33432

Title VP Title CT

Name KUPERMAN, RICHARD Name BIRA, NEAL

Address 11231 HERON BAY BLVD Address 5944 CORAL RIDGE DR

#3615 STE 268

City-State-Zip: CORAL SPRINGS FL 33076 City-State-Zip: CORAL SPRINGS FL 330763300

Title S Title COO

Name SAMALE, SELENA Name SAKS, MICHAEL

Address 11231 HERON BAY BLVD Address 11231 HERON BAY BLVD

#3615 #3615

City-State-Zip: CORAL SPRINGS FL 33076 City-State-Zip: CORAL SPRINGS FL 33076

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.