

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 27, 2017
Secretary of State
CC1255459201

Entity Name: ORGAN DONOR AWARENESS FOUNDATION INC

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 DP
Name SIGMAN, GARY
Address 5944 CORAL RIDGE DR
STE 268
City-State-Zip: CORAL SPRINGS FL 330763300

Title DVP
Name KUPERMAN, RICHARD
Address 5944 CORAL RIDGE DR
STE 268
City-State-Zip: CORAL SPRINGS FL 330763300

Title CFT
Name BIRA, NEAL
Address 5944 CORAL RIDGE DR
STE 268
City-State-Zip: CORAL SPRINGS FL 330763300

Title DS
Name SAMALE, SELENA
Address 5944 CORAL RIDGE DR
STE 268
City-State-Zip: CORAL SPRINGS FL 330763300

Title DCOO
Name SAKS, MICHAEL
Address 5944 CORAL RIDGE DR
STE 268
City-State-Zip: CORAL SPRINGS FL 330763300

Title D
Name ZENO, JULI
Address 5944 CORAL RIDGE DR
STE 268
City-State-Zip: CORAL SPRINGS FL 330763300

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: NEAL BIRA

COB

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date