

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

DOCUMENT# N99000004381

**FILED**  
**Feb 16, 2015**  
**Secretary of State**  
**CC2339570180**

**Entity Name:** ORGAN, INC.

**Current Principal Place of Business:**

4161 GATEWOOD ST  
COCOA, FL 32926

**Current Mailing Address:**

P.O. BOX 560621  
ROCKLEDGE, FL 32956-0621 US

**FEI Number: 59-3593391**

**Certificate of Status Desired: No**

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

FORDHAM, KATHLEEN D  
3165 N. ATLANTIC AVE.  
A104  
COCOA BEACH, FL 32931 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 PARADIS, LEO  
Address 4161 GATEWOOD ST.  
City-State-Zip: COCOA FL 32926

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

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

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

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

Title D/HL  
Name CAVAZOS, JUDI RN  
Address 301 THIRD AVE  
City-State-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 FORDHAM**

**DIRECTOR/TREASURER**

**02/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date