

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763514

**FILED**  
**Jan 09, 2004**  
**Secretary of State****Entity Name:** THE NIELSEN ORGAN TRANSPLANT FOUNDATION, INC.**Current Principal Place of Business:**580 W. 8TH ST.  
JACKSONVILLE, FL 32209**New Principal Place of Business:****Current Mailing Address:**580 W. 8TH ST.  
JACKSONVILLE, FL 32209**New Mailing Address:****FEI Number:** 59-2229285**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DREWA, MARCUS E.  
580 W 8TH STREET  
JACKSONVILLE, FL 32209 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: VC ( ) Delete  
Name: DREWA, MARCUS E.,  
Address: 1221 1ST ST. S. UNIT 12B  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete  
Name: CHARLTON, RONALD DR.,  
Address: 580 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete  
Name: CHARLTON, RONALD, PHD  
Address: 580 W. 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: CD ( ) Delete  
Name: PETERS, THOMAS, MD,  
Address: 580 W 8TH STREET  
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete  
Name: ABOUD, RICHARD  
Address: 9124 CYPRESS GREEN DR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: HEMINGWAY, ANNETTE  
Address: 1980 GREENWOOD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VC (X) Change ( ) Addition  
Name: DREWA, MARCUS E  
Address: 1221 1ST ST. S. UNIT 12B  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S (X) Change ( ) Addition  
Name: BEESON, REBECCA B  
Address: 580 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: P (X) Change ( ) Addition  
Name: CHARLTON, PHD, RONALD  
Address: 580 W. 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: CD (X) Change ( ) Addition  
Name: PETERS, MD, THOMAS G  
Address: 580 W 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

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 for the exemption stated in Section 119.07(3)(i), 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: RKC

P

01/09/2004

Electronic Signature of Signing Officer or Director

Date