2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# 763514

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:	S	( ) Delete
Name:	BEESON, REBECCA B	
Address:	580 WEST 8TH STREET	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	P	( ) Delete
Name:	CHARLTON, PHD, RONALD	
Address:	580 W. 8TH ST	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	CD	( ) Delete
Name:	PETERS, MD, THOMAS G	
Address:	580 W 8TH STREET	
City-St-Zip:	JACKSONVILLE, FL 32209	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOYE L. HEMINGWAY EXD 02/11/2005

Electronic Signature of Signing Officer or Director — Date