

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763514

FILED  
Apr 02, 2007  
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:**

580 W. 8TH ST.  
SUITE 8000  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

580 W. 8TH ST.  
JACKSONVILLE, FL 32209

**New Mailing Address:**

580 W. 8TH ST.  
SUITE 8000, BOX T-45  
JACKSONVILLE, FL 32209

**FEI Number:** 59-2229285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEMINGWAY, JOYE L MS.  
580 W 8TH STREET  
JACKSONVILLE, FL 32209 US

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

HAMPTON, JOYE H MS.  
580 W 8TH STREET  
SUITE 8000, BOX T-45  
JACKSONVILLE, FL 32209 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: JOYE H. HAMPTON

04/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHARLTON, RONALD K PHD  
Address: 580 W. 8TH STREET, STE. 8000  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete  
Name: HEMINGWAY, ANNETTE M MRS.  
Address: 1980 GREENWOOD AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: S ( ) Delete  
Name: DENMARK, SAMANTHA MS.  
Address: 580 W. 8TH ST, STE. 8000  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete  
Name: LATOUR, THEODORE A  
Address: 580 W 8TH STREET, STE. 8000  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: GUSTETIC, ELAINE  
Address: 580 W 8TH STREET, STE. 8000  
City-St-Zip: JACKSONVILLE, FL 32209

Title: ED ( ) Delete  
Name: HEMINGWAY, JOYE L MS.  
Address: 580 W 8TH STREET, STE. 8000  
City-St-Zip: JACKSONVILLE, FL 32209

**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: ED (X) Change ( ) Addition  
Name: HAMPTON, JOYE H MS.  
Address: 580 W 8TH STREET, STE. 8000  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 H. HAMPTON

ED

04/02/2007

Electronic Signature of Signing Officer or Director

Date