2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 763514

Entity Name: THE NIELSEN ORGAN TRANSPLANT FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

580 W. 8TH ST.
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:

HAMPTON, JOYE H MS.
580 W 8TH STREET
SUITE 8000, BOX T-45
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:	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:	D	( ) Delete
Name:	STRAUSS, RUSSELL	
Address:	580 W 8TH STREET, STE. 8000	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	DREWA, MARCUS E FACHE	
Address:	580 W 8TH STREET, STE. 8000	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	ED	( ) Delete
Name:	HAMPTON, JOYE H 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 04/07/2009
Electronic Signature of Signing Officer or Director — Date