

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90824 037 \*\*\*\*61.25

**DOCUMENT # 763514**

1. Entity Name

**THE NIELSEN ORGAN TRANSPLANT FOUNDATION, INC.**



Principal Place of Business

**580 W. 8TH ST.  
JACKSONVILLE FL 32209**

Mailing Address

**580 W. 8TH ST.  
JACKSONVILLE FL 32209**

**11000763**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2229285**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DREWA, MARCUS E.  
580 W 8TH STREET  
JACKSONVILLE FL 32209**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAST DREWA, MARCUS E. 580 W. 8TH ST. JACKSONVILLE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change Drewna, Marcus E. 1221 1st St. S. Unit 12B Jacksonville Beach, FL 32250</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CHARLTON, RONALD DR 580 WEST 8TH STREET JACKSONVILLE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairman Drewna, Marcus E. 1221 1st St. S. Unit 12B Jacksonville Beach, FL 32250</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD STRAUSS, RUSSELL 341 MISTY HOLLOW DR W JACKSONVILLE FL 32225</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Charlton, Ronald, PhD 580 W. 8th St. Jacksonville, FL 32209</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD PETERS, THOMAS, MD 580 W 8TH STREET JACKSONVILLE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Aboud, Richard 9124 Cypress Green Dr. Jacksonville, FL 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCLUSKEY, CHARLESQ J 720 SW 2ND AVE STE 570 GAINESVILLE FL 32601</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Baldwin, Rebecca 120 Johnston Ave. Jacksonville, FL 32211</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HEMINGWAY, ANNETTE 1980 GREENWOOD AVENUE JACKSONVILLE FL 32205</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Hemingway, Annette 1980 Greenwood Ave. Jacksonville, FL 32205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ronald K. Charlton* **Ronald K. Charlton, PhD - 7-2002 (904) 244-9860**

CR2E037 (10/02)