FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:36

DOCUMENT # **F93000000041 (4)**

1. Corporation Name
ORGAN TRANSPLANT FUND, INC.

Principal Place of Business	Mailing Address
1027 SOUTH YATES MEMPHIS TN 38119	1027 SOUTH YATES MEMPHIS TN 38119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/05/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **58-1527254** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)
2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	NORMAN, SUZANNE	12 NAME		
STREET ADDRESS	1027 S YATES RD	13 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	14 CITY-ST-ZIP		
TITLE	C	21 TITLE		☐ Change ☐ Addition
NAME	CARRUTHERS, EUNICE	22 NAME		
STREET ADDRESS	1873 FOSTER AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	BUTLER JR, RAY	32 NAME		
STREET ADDRESS	100 NORTH MAIN / STE - 3200	33 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, RD	42 NAME		
STREET ADDRESS	500 WILD CHERRY	43 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DAUGHERTY, BONNIE	52 NAME		
STREET ADDRESS	115 WALNUT CREEK	53 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38018	54 CITY-ST-ZIP		
TITLE	DC	61 TITLE		☐ Change ☐ Addition
NAME	CARRUTHERS, EUNIE	62 NAME		
STREET ADDRESS	1873 FOSTER AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38114	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne L. O'Neal 4-6-95 (901) 684-1692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6074374