

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000000041 (4)**

1. Corporation Name

**ORGAN TRANSPLANT FUND, INC.**



Principal Place of Business

**1102 Brookfield, Suite 202**  
**1027 SOUTH YATES**  
**MEMPHIS TN 38119**

Mailing Address

**1102 Brookfield, Suite 202**  
**1027 SOUTH YATES**  
**MEMPHIS TN 38119**

3. Date Incorporated or Qualified  
**01/05/1993**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**58-1527254**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

22

27

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

23

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **NORMAN, SUZANNE**  
STREET ADDRESS **1027 S YATES RD**  
CITY-ST-ZIP **MEMPHIS TN**

1.1 TITLE **National Director** ☒ Change ☐ Addition  
1.2 NAME **McMahan, Gary L.**  
1.3 STREET ADDRESS **1102 Brookfield, Suite 202**  
1.4 CITY-ST-ZIP **Memphis, TN 38119**

TITLE **C** ☐ DELETE  
NAME **CARRUTHERS, EUNICE**  
STREET ADDRESS **1873 FOSTER AVE**  
CITY-ST-ZIP **MEMPHIS TN**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **BUTLER JR, RAY**  
STREET ADDRESS **100 NORTH MAIN / STE - 3200**  
CITY-ST-ZIP **MEMPHIS TN**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE  
NAME **THOMPSON, RD**  
STREET ADDRESS **500 WILD CHERRY**  
CITY-ST-ZIP **MEMPHIS TN**

4.1 TITLE **Secretary** ☒ Change ☐ Addition  
4.2 NAME **Graham, Glenda**  
4.3 STREET ADDRESS **5570 Murray Road**  
4.4 CITY-ST-ZIP **Memphis, TN 38119**

TITLE **D** ☒ DELETE  
NAME **DAUGHERTY, BONNIE**  
STREET ADDRESS **115 WALNUT CREEK**  
CITY-ST-ZIP **MEMPHIS TN 38018**

5.1 TITLE **Vice Chairman** ☒ Change ☐ Addition  
5.2 NAME **Edwards, Len**  
5.3 STREET ADDRESS **616 Adams Ave., Room 102**  
5.4 CITY-ST-ZIP **Memphis, TN 38103**

TITLE **DC** ☐ DELETE  
NAME **CARRUTHERS, EUNIE**  
STREET ADDRESS **1873 FOSTER AVE.**  
CITY-ST-ZIP **MEMPHIS TN 38114**

6.1 TITLE **Past Chairman** ☐ Change ☐ Addition  
6.2 NAME **Hollis, Tammi**  
6.3 STREET ADDRESS **8959 Jenna**  
6.4 CITY-ST-ZIP **Memphis, TN 38125**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)