


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90029 035 ****70.00

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|---|---|--|--|--|--|
| DOCUMENT # N01000005725 1. Entity Name ASSOCIATION OF NURSES ENDORSING TRANSPLANTATION, INC. | | | |  | |
| Principal Place of Business 301 THIRD AVE INDIALANTIC, FL 32903 | | | Mailing Address PO BOX 541234 MERRITT ISLAND, FL 32954-1234 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address PO Box 320669 Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Cocoa Beach, FL Zip Country 32932-0669 USA | | 4. FEI Number 52-1530111 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 02162004 Chg-NP CR2E037 (10/03) | |
| 6. Name and Address of Current Registered Agent CAVAJOS, JUDI 301 THIRD AVE. INDIALANTIC, FL 32903 | | | 7. Name and Address of New Registered Agent Name Judi Cavazos Street Address (P.O. Box Number is Not Acceptable) 301 Third Ave City Indialantic FL Zip Code 32903 | | |
| 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 <u>Judi Cavazos</u> <u>National Executive Director</u> <u>2/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D <input checked="" type="checkbox"/> Delete NAME CAVAJOS, JUDI STREET ADDRESS 301 THIRD AVE CITY-ST-ZIP INDIALANTIC, FL 32903 | TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Cavazos, Judi In Spelling STREET ADDRESS 301 Third Ave CITY-ST-ZIP Indialantic, FL 32903 | | | | |
| TITLE DS <input checked="" type="checkbox"/> Delete NAME URAGGONER, TINA STREET ADDRESS 105 S 28TH ST CITY-ST-ZIP COCOA BEACH, FL 32931 | TITLE DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Waggoner, Tina In Spelling STREET ADDRESS 105 S. 28th St CITY-ST-ZIP Cocoa Beach, FL 32931 | | | | |
| TITLE T <input checked="" type="checkbox"/> Delete NAME LA BAW, DEE STREET ADDRESS 49 VERDI VISTA DR CITY-ST-ZIP WILMINGTON, OH 45177 | TITLE T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Bibby, Pegeen STREET ADDRESS 1650 Coquina Dr CITY-ST-ZIP Merritt Island FL 32952 | | | | |
| TITLE P <input checked="" type="checkbox"/> Delete NAME KENNEDY, CYNTHIA STREET ADDRESS 11511 DERBYSHIRE LN. CITY-ST-ZIP SAN ANTONIO, TX 78251 | TITLE P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kelly, Miranda STREET ADDRESS 1418 Castlemist CITY-ST-ZIP Spring TX 77386 | | | | |
| TITLE PE <input checked="" type="checkbox"/> Delete NAME KELLY, MIRANDA STREET ADDRESS 1418 CASTLEMIST CITY-ST-ZIP SPRING, TX 77386 | TITLE PE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Dancy, Dennis STREET ADDRESS 871 Stoney Brook Circle CITY-ST-ZIP Port Orange, FL 32127 | | | | |
| TITLE S <input checked="" type="checkbox"/> Delete NAME DANCY, DENNIS STREET ADDRESS 871 STONEY BROOK CIR CITY-ST-ZIP PORT ORANGE, FL 32127 | TITLE DM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Richardson, Teri STREET ADDRESS 2054 W. Armore Circle CITY-ST-ZIP Deltona, FL 32725 | | | | |
| 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: <u>Judi Cavazos</u> <u>2/16/04</u> <u>cell 321-698-9117</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |