

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90044 017 ****61.25

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1. Entity Name
**ASSOCIATION OF NURSES ENDORSING
TRANSPLANTATION, INC.**



Principal Place of Business
**301 THIRD AVE
INDIALANTIC, FL 32903**

Mailing Address
**PO BOX 320669
COCOA BEACH, FL 32932-0669**

40002184



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
52-1530111

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CAVAZOS, JUDI
301 THIRD AVE.
INDIALANTIC, FL 32903**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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 ☐ Delete
NAME **D**
STREET ADDRESS **CAVAZOS, JUDI**
CITY-ST-ZIP **301 THIRD AVE
INDIALANTIC, FL 32903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **WAGGONER, TINA**
CITY-ST-ZIP **105 S 28TH ST
COCOA BEACH, FL 32931**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BIBBY, PEGEEN**
CITY-ST-ZIP **1650 CODUINA DR.
MERRITT ISLAND, FL 32952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KELLY, MIRANDA**
CITY-ST-ZIP **1418 CASTLEMIST
SPRING, TX 77386**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **PE**
STREET ADDRESS **DANCY, DENNIS**
CITY-ST-ZIP **871 STONEY BROOK CIR.
PORT ORANGE, FL 32127**

TITLE ☒ Change ☐ Addition
NAME **PE**
STREET ADDRESS **Jane Shaw**
CITY-ST-ZIP **2162 SE Harding St
Pt. St. Lucie, FL 34952**

TITLE ☐ Delete
NAME **DM**
STREET ADDRESS **RICHARDSON, TERI**
CITY-ST-ZIP **2054 W. ARMORE CIR
DELTONA, FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Judi Cavazos

Judi Cavazos

1/12/05(c) 321-698-9117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #