

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005725

FILED
May 14, 2007
Secretary of State

Entity Name: ASSOCIATES AND NURSES ENDORSING TRANSPLANTATION, INC.

Current Principal Place of Business:

301 THIRD AVE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

PO BOX 320669
COCOA BEACH, FL 329320669

New Mailing Address:

FEI Number: 52-1530111 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAVAZOS, JUDI
Address: 301 THIRD AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: ES () Delete
Name: WAGGONER, TINA
Address: 105 S 28TH ST
City-St-Zip: COCOA BEACH, FL 32931

Title: T () Delete
Name: ARTHUR, KATHLEEN
Address: 1630 RIDGE DR
City-St-Zip: COCOA, FL 32926

Title: P () Delete
Name: SHAW, JANE
Address: 2162 SE HARDING ST
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP () Delete
Name: LIVINGSTON, MARTI
Address: 41 SPRING LANE
City-St-Zip: BANGOR, PA 18013

Title: DM () Delete
Name: RICHARDSON, TERI
Address: 2054 W. ATMORE CIR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LIVINGSTON, MARTI
Address: 41 SPRING LANE
City-St-Zip: BANGOR, PA 18013

Title: VP (X) Change () Addition
Name: BEAUCHAMP, CYNTHIA
Address: 237 PRISCILLA CT
City-St-Zip: HOUSTON, TX 77015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDI CAVAZOS

DIR

05/14/2007

Electronic Signature of Signing Officer or Director

Date