

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90130 048 ****70.00

DOCUMENT # **NO1000005725**

1. Entity Name

**ASSOCIATION OF NURSES ENDORSING TRANSPLANTATION,
INC.**



Principal Place of Business

**1326 GEORGE EDWARDS CT.
MERRITT ISLAND FL 32953**

Mailing Address

**PO BOX 541234
MERRITT ISLAND FL 32954-1234**

2. Principal Place of Business

301 Third Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indianalantic Fl

City & State

4. FEI Number **52-1530111**

Applied For

Not Applicable

Zip

32903

Country

*USA
Florida*

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GAINEY, MARY
1326 GEORGE EDWARDS CT.
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name *Cavazos, Judi*

Street Address (P.O. Box Numbers Not Acceptable)

301 Third Ave.

City *Indianalantic*

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 *Judi Cavazos, National Executive Director*

3/3/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINEY, MARY 1326 GEORGE EDWARDS CT. MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCMAHON, RUTH 307 SHERWOOD PLACE MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AVANTS, JULIE 1325 JULIENNE SAN ANTONIO TX 78232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, CYNTHIA 11511 DERBYSHIRE LN. SAN ANTONIO TX 78251	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, MIRANDA 1418 CASTLEMIST SPRING TX 77386	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIVINGSTON, MARTHA 41 SPRING LN., POLLY ACRES BANGOR PA 18013	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '03

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Cavazos, Judi</i> <i>301 Third Ave</i> <i>Indianalantic Fl 32903</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DS</i> <i>Waggoner, Tina</i> <i>105 S. 28th St.</i> <i>Cocoa Beach Fl 32931</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>La Bau, Dee</i> <i>49 Verdi Vista Dr.</i> <i>Wilmington OH 45177</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PE</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <i>Dancy, Dennis</i> <i>871 Stony Brook Cir</i> <i>Port Orange Fl 32127</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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* **SIGNATURE REQUIRED**

3/3/03 (321)434-7000 x 32919

CR2E037 (10/02)