2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State
08-23-2004 90026 018 ****70.00

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1. Entity Name
NORTHEAST FLORIDA CHAPTER OF THE INTERNATIONAL TRANSPLANT NURSES SOCIETY, INC.

Principal Place of Business	Mailing Address
4205 BELFORT RD, SUITE 1100 JACKSONVILLE, FL 32216	4205 BELFORT RD, SUITE 1100 JACKSONVILLE, FL 32216

08192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 51110 Suite, Apt. #, etc.
City & State	City & State: Jacksonville FL
Zip / Country	Zip: 32216 / Country: USA

4. FEI Number: 32-0000985 ☐ Applied For ☐ Not Applicable

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
SMITH, CHRISTY R 5314 SCATTERED OAKS CT JACKSONVILLE, FL 32258	Name: Perez, Amy Street Address (P.O. Box Number is Not Acceptable): 4205 Belfont Road Suite 1100 City: Jacksonville FL Zip Code: 32216

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: Amy M Perez — Amy Perez, President — 8/19/04
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 September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, CHRISTY 5314 SCATTERED OAKS CT. JACKSONVILLE, FL 32258	☒ Delete	P/D Perez, Amy 4205 Belfont Road Suite 1100 Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEREZ, AMY 3084 HALEY LANE JACKSONVILLE, FL 32257	☒ Delete	V/D Fox, Lorrie 4205 Belfont Road, Suite 1100 Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DALMARES, CONNIE 6542 BURNHAM CIRCLE PONTE VEDRA BEACH, FL 32082	☒ Delete	S/D Richie, Eugene 4205 Belfont Road, Suite 1100 Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ABNEY, LAURA 2153 ARDENCROFT DR. JACKSONVILLE, FL 32246	☒ Delete	T/D Gruber, Paul 4500 Belfont Road Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELUCA, LISA 145 BIMINI CT. PONTE VEDRA BCH, FL 32082	☒ Delete	D Reynolds, Virginia 4205 Belfont Road, Suite 1100 Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GICALONE, ANGELICA 5324 CHESTNUT LAKE DR. JACKSONVILLE, FL 32258	☐ Delete		☐ Change ☐ Addition

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: Paul Gruber, Treasurer — 8/18/04 — 904 296-9074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #