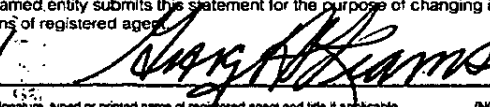


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

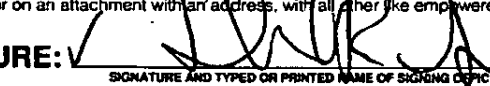
03-12-2004 90037 018 ****61.25

DOCUMENT # N03000003029					
1. Entity Name ORGAN TRANSPLANT RECIPIENTS OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 109 TOCOPILLA ST. PUNTA GORDA FL 33983			Mailing Address 109 TOCOPILLA ST. PUNTA GORDA FL 33983		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3634834	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEARNS, GEORGE 109 TOCOPILLA ST. PUNTA GORDA FL 33983				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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  3/6/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 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 KEARNS, GEORGE 109 TOCOPILLA ST. PUNTA GORDA FL 33983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONNA WILLIAMSON 21371 LANCASTER RUN - UNIT 112 ESTERO, FL 33928 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, BOB 109 TOCOPILLA ST. PUNTA GORDA FL 33983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DICK SWETT 10287 ARROWHEAD DR PUNTA GORDA FL 33955 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERNS, JANICE 109 TOCOPILLA ST. PUNTA GORDA FL 33983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARON TERRY 1110 NE 2ND PL CAPE CORAL FL 33909 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAIG, MARTHA 109 TOCOPILLA ST. PUNTA GORDA FL 33983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD-ASSN TREAS MARILYN BUSHMAN 2474 NEWBERRY ST PORT CHARLOTTE, FL 33952 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOERSON, DON 109 TOCOPILLA ST. PUNTA GORDA FL 33983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DONALD R SOERSEN 1593 BLUE LAKE CIRCLE PORT CHARLOTTE FL 33983 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

66407600



MOORE CR2E037 (11/03)

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 6, 2004 **941-743-9430**
Date Daytime Phone #

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.