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.

66407600

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
109 TOCOPILLA ST. PUNTA GORDA FL 33983	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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 **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: George A Kearns 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	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	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	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	TD-ASST TREAS MARELYN BUSHMAN 2474 NEWBERRY ST PORT CHARLOTTE, FL 33952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER SORENSON, DON 109 TOCOPILLA ST. PUNTA GORDA FL 33983	☒ Delete	TREASURER DONALD R SORENSEN 1593 BLUE LAKE CIRCLE PORT CHARLOTTE FL 33983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] MARCH 6, 2004 941-743-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #