
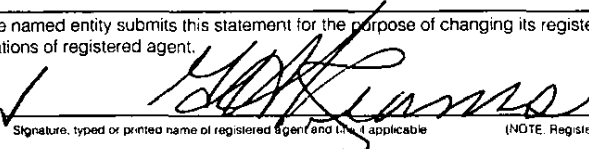
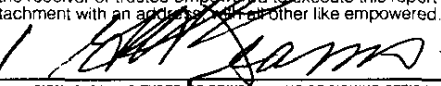


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90036 025 ****61.25

DOCUMENT # N03000003029 1. Entity Name ORGAN TRANSPLANT RECIPIENTS OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 6875 APPOMATTUX NORTH PORT, FL 34287			Mailing Address 6875 APPOMATTUX NORTH PORT, FL 34287		
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEARNS, GEORGE 109 TOCOPILLA ST. PUNTA GORDA, FL 33983			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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:  2/3/07 <small>Signature, typed or printed name of registered agent (and title, if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINNAN, JERRY		NAME		
STREET ADDRESS	6875 APPOMATTUX		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFERSON, MARIANN		NAME	ORMSBY, PATRICIA	
STREET ADDRESS	1200 BROAD ST W. #610		STREET ADDRESS	1339 LONGWOOD DR	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ORMSBY, PATRICIA		NAME	PHILLIP SCHOMER	
STREET ADDRESS	1339 LONGWOOD DR		STREET ADDRESS	12020 FAIRWAY POINTE LANE	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FT. MYERS, FL 33913	
TITLE	TDAT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUSHMAN, MARELYN		NAME	Margaret Huggins	
STREET ADDRESS	2474 NEWBERRY ST		STREET ADDRESS	14650 Olde Hickory Blvd	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SORENSEN, DONALD R		NAME	MARTHA CRAIG	
STREET ADDRESS	1593 BLUE LAKE CIRCLE		STREET ADDRESS	169 MORO ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33483		CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE:  Martha Craig 2/3/07 (941) 743-7329 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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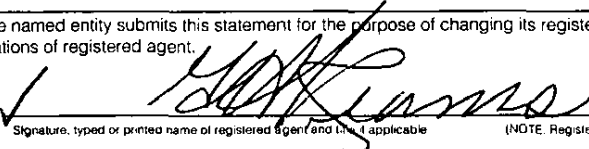


01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
04-3634834

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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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 PD
NAME DINNAN, JERRY
STREET ADDRESS 6875 APPOMATTUX
CITY-ST-ZIP NORTH PORT, FL 34287

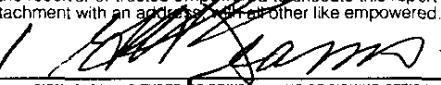
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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STREET ADDRESS 1339 LONGWOOD DR
CITY-ST-ZIP FORT MYERS, FL 33919

SD
NAME PHILLIP SCHOMER
STREET ADDRESS 12020 FAIRWAY POINTE LANE
CITY-ST-ZIP FT. MYERS, FL 33913

TDAT
NAME Margaret Huggins
STREET ADDRESS 14650 Olde Hickory Blvd
CITY-ST-ZIP Fort Myers, FL 33912

T
NAME MARTHA CRAIG
STREET ADDRESS 169 MORO ST
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:  **Martha Craig** 2/3/07 (941) 743-7329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR