

9/9/2004-90005-024-\$61.25-\$61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT 13 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005015

1. Entity Name
THE PASSION BERNARD TRANSPLANT FOUNDATION,
INC.Principal Place of Business
7499 PARKSIDE LANE
MARGATE, FL 33063Mailing Address
7499 PARKSIDE LANE
MARGATE, FL 33063

54072127



2. Principal Place of Business

3. Mailing Address

7499 Parkside Ln

7499 Parkside Ln

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Zip

County

County

07052004 Chg-NP CR2E037 (10/03)

4. FEI Number
83-0363837Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required.

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYROP, JERRY M.
1212 BELMONT LANE
NORTH LAUDERDALE, FL 33068

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$61.25
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	ELLIS-BERNARD, LURAY	☐ Delete
NAME			
STREET ADDRESS		7499 PARKSIDE LANE	
CITY-ST-ZIP		MARGATE, FL 33063	

TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	VP	BERNARD, CHRISTOPHER	☒ Delete
NAME			
STREET ADDRESS		7499 PARKSIDE LANE	
CITY-ST-ZIP		MARGATE, FL 33063	

TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		SYROP, JERRY M	☒ Delete
NAME			
STREET ADDRESS		1212 BELMONT LANE	
CITY-ST-ZIP		NORTH LAUDERDALE, FL 33068	

TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	S	DAVIDSON, DONAVAN	☒ Delete
NAME			
STREET ADDRESS		7425 NW 75TH STREET	
CITY-ST-ZIP		TAMARAC, FL 33321	

TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 trustee or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 of Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

954
274
2659