

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009215

FILED
Jan 27, 2005
Secretary of State

Entity Name: FLORIDA TRANSPLANT SURVIVORS COALITION, INC.

Current Principal Place of Business:

15263 IXORA ROAD
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6062
DELRAY BEACH, FL 33482

New Mailing Address:

15263 IXORA ROAD
DELRAY BEACH, FL 33484

FEI Number: 20-0324723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, MARY ELLEN
15263 IXORA ROAD
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSS, MARY ELLEN
Address: P.O. BOX 6062
City-St-Zip: DELRAY BEACH, FL 33482

Title: D () Delete
Name: BERNSTEIN, BRUCE H
Address: P.O. BOX 6062
City-St-Zip: DELRAY BEACH, FL 33482

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSS, MARY ELLEN
Address: 15263 IXORA ROAD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Change () Addition
Name: BERNSTEIN, BRUCE H
Address: 5394 FIRENZE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Change (X) Addition
Name: SMOLIN, FRED
Address: 5190 LAS VERDES CIRCLE, #317
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ELLEN ROSS

D

01/27/2005

Electronic Signature of Signing Officer or Director

Date