

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 039 ****61.25

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DOCUMENT # N03000009215 1. Entity Name FLORIDA TRANSPLANT SURVIVORS COALITION, INC.					
Principal Place of Business 15263 IXORA ROAD DELRAY BEACH, FL 33484			Mailing Address 15263 IXORA ROAD DELRAY BEACH, FL 33484		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSS, MARY ELLEN 15263 IXORA ROAD DELRAY BEACH, FL 33484				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, MARY ELLEN			NAME	
STREET ADDRESS	15263 IXORA ROAD			STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH, FL 33484			CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMEO, GUILLIO			NAME	
STREET ADDRESS	6440 CNTRY FAIR CIR			STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH, FL 33437			CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONIN, CHERYL			NAME	
STREET ADDRESS	10413 WILLOW OAKS TRL			STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH, FL 33437			CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gammel, Bette			NAME	
STREET ADDRESS	4749 Sans Souci Ave.			STREET ADDRESS	
CITY - ST - ZIP	Northport, FL			CITY - ST - ZIP	
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	
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 all other like empowered.					
SIGNATURE: <i>Mary Ellen Ross</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>2/18/07</i> Daytime Phone #: <i>561638-0897</i>	