

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009215

**FILED**  
**Mar 30, 2011**  
**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:**

15263 IXORA ROAD  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**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  
**Name:** ROSS, MARY ELLEN  
**Address:** 15263 IXORA ROAD  
**City-St-Zip:** DELRAY BEACH, FL 33484

**Title:** D  
**Name:** SONIN, CHERYL  
**Address:** 10413 WILLOW OAKS TRL  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** D  
**Name:** GAMMEL, BETTE  
**Address:** 4749 JANS SOUCI AVE  
**City-St-Zip:** NORTHPORT, FL

I hereby 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 all other like empowered.

**SIGNATURE:** MARY ELLEN ROSS

MS.

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date