

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000950

FILED  
Feb 03, 2007  
Secretary of State

**Entity Name:** FLORIDA COALITION ON DONATION, INC.

**Current Principal Place of Business:**

40 SARASOTA CENTER BLVD.  
SUITE 107  
SARASOTA, FL 342408758 US

**New Principal Place of Business:**

**Current Mailing Address:**

40 SARASOTA CENTER BLVD.  
SUITE 107  
SARASOTA, FL 342408758 US

**New Mailing Address:**

**FEI Number:** 20-1169939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARROLL, CHRISTOPHER M  
40 SARASOTA CENTER BLVD.  
SUITE 107  
SARASOTA, FL 342408758 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: DP ( ) Delete  
Name: KROUSE, JENNIFER  
Address: 409 BAYSHORE BLVD.  
City-St-Zip: TAMPA, FL 33606

Title: VCV ( ) Delete  
Name: GARCIA, KAREN  
Address: 1801 NW 9TH, SUITE 150A  
City-St-Zip: MIAMI, FL 33136

Title: DT ( ) Delete  
Name: ADDARIO, JOHN  
Address: 1410 N 21ST STREET  
City-St-Zip: TAMPA, FL 33605

Title: DS ( ) Delete  
Name: CARROLL, CHRISTOPHER  
Address: 40 SARASOTA CENTER BLVD., #107  
City-St-Zip: SARASOTA, FL 342408758

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTOPHER CARROLL

DS

02/03/2007

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

\_\_\_\_\_  
Date