

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000950

FILED
Apr 15, 2009
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: GARCIA, KAREN
Address: 1801 NW 9TH, SUITE 150A
City-St-Zip: MIAMI, FL 33136

Title: VCV () Delete
Name: MCMILLEN, LESLEY
Address: 1560 ORANGE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: DT () Delete
Name: FROST, TERRY
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 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date