



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90037 043 ****61.25

DOCUMENT # N06000009362 1. Entity Name GIFT OF LIFE IN AMERICA, INC.					
Principal Place of Business 4932 SUNBEAM ROAD JACKSONVILLE, FL 32257			Mailing Address 4932 SUNBEAM ROAD JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box # 9911 Old Baymeadows Road		3. Mailing Address 9911 Old Baymeadows Road			
Suite, Apt. #, etc. C2340		Suite, Apt. #, etc. C2340			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32256		Zip 32256			
Country USA		Country USA		03152007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-5508402				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTHSTEIN, SIMON D ADAMS, ROTHSTEIN, & SIEGEL, P.A. 4417 BEACH BLVD SUITE 104 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	DP LANDWIRTH, HENRI 229 ROYAL TERN ROAD NORTH PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaret Lancaster 111 Distant View Drive Asheville, NC 28803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS LANDWIRTH, LINDA 229 ROYAL TERN ROAD NORTH PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anita Merina 1425 Madison Street, NW Washington, DC 20011-6805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDWIRTH, LINDA 229 ROYAL TERN ROAD NORTH PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Patty Adeeb 9911 Old Baymeadows Road Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHSTEIN, SIMON D 4417 BEACH BLVD. STE 104 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael T. Boylan 100 Festival Park Ave. Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mel Gottlieb 4932 Sunbeam Road Jacksonville, FL 32257 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Robert V. Lee, Jr. 1131 North Laura Street Jacksonville, FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marshall D. Gunn, Jr. 4887 Belford Road, Suite 201 Jacksonville, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herb W. Scheidel 1540 The Greens Way Jacksonville Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Henri Landwirth</u> Henri Landwirth, President 03/21/2007 (904) 997-2724 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					