

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003746

FILED
Mar 28, 2008
Secretary of State

Entity Name: ANATOMICAL GIFT ASSOCIATION, INC.

Current Principal Place of Business:

5359 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

PO BOX 16044
TALLAHASSEE, FL 323176044

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREWSTER, JAMES R ATTORNE
547 NORTH MONROE STREET
SUITE 203
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WYLIE, FRANK J PRES
5359 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309 US

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: > JAMES WYLIE, JR

03/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WYLIE, F JAMES JR.
Address: 5359 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPST () Delete
Name: WYLIE, SANDRA
Address: 5359 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: WYLIE, SANDRA
Address: 5359 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BREWSTER, JAMES R
Address: 547 NORTH MONROE STREET, SUITE 203
City-St-Zip: TALLAHASSEE, FL 32301

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: F. JAMES WYLIE, JR.

PRES

03/28/2008

Electronic Signature of Signing Officer or Director

Date