2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N07000003746

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:

5359 PEMBRIDGE PLACE
TALLAHASSEE, FL 323176044

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYLIE, FRANK J PRES
5359 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309 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:	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. P/D 01/23/2009
Electronic Signature of Signing Officer or Director — Date