

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003746

FILED  
Mar 30, 2010  
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:**

5359 PEMBRIDGE PLACE  
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:**

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  
Name: WYLIE, F JAMES JR.  
Address: 5359 PEMBRIDGE PLACE  
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** F. JAMES WYLIE, JR.

PD

03/30/2010

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

\_\_\_\_\_  
Date