

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009071

FILED
Jun 03, 2008
Secretary of State

Entity Name: BUENAVISTA KIDNEY TRANSPLANT FUND, INC.

Current Principal Place of Business:

124 MT PILOT ST.
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

124 MT PILOT ST.
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 26-0894388 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BURROUGHS, JERROLD A SR.
124 MT PILOT ST
CANTONMENT, FL 32533 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURROUGHS, JERROLD A SR.
Address: 124 MT PILOT ST.
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: SEEP, MARTHA
Address: 7045 NICHOLSON DR.
City-St-Zip: MOLINO, FL 32577

Title: T () Delete
Name: BURROUGHS, MELBA O
Address: 124 MT PILOT ST.
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: HUTCHINSON, MONIQUE
Address: 7180 HWY 95A NORTH
City-St-Zip: MOLINO, FL 32577

Title: TR () Delete
Name: REYES, EDNA
Address: 2251 BRITT ROAD
City-St-Zip: CANTONMENT, FL 32533

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:

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: JERROLD A. BURROUGHS, SR.

P

06/03/2008

Electronic Signature of Signing Officer or Director

Date