

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010096

FILED
Jan 06, 2010
Secretary of State

Entity Name: GIFT OF LIFE CENTRAL FLORIDA, INC.

Current Principal Place of Business:

434 DELANEY PARK DRIVE
ORLANDO, FL 328061316

New Principal Place of Business:

Current Mailing Address:

434 DELANEY PARK DRIVE
ORLANDO, FL 328061316

New Mailing Address:

FEI Number: 61-1543316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOWERS, JAMES C JR
434 DELANEY PARK DRIVE
ORLANDO, FL 328061316 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: CP
Name: KRAMER, MARTIN S
Address: 995 TROON TRACE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DVP
Name: SHEA, J. DARRELL M.D.
Address: 818 OAK STREET
City-St-Zip: ORLANDO, FL 32804

Title: DVP
Name: MARINO-KRAMER, MICHELLE R
Address: 995 TROON TRACE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DT
Name: SIMMONS, MAUREEN A
Address: 2231 CURRYVILLE ROAD
City-St-Zip: CHULUOTA, FL 327669150

Title: DS
Name: STOWERS, JAMES C JR
Address: 434 DELANEY PARK DRIVE
City-St-Zip: ORLANDO, FL 328061316

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: JAMES C. STOWERS, JR.

DS

01/06/2010

Electronic Signature of Signing Officer or Director

Date