2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# N08000000136

Entity Name: TRANSPLANT SOCIETY INC

Current Principal Place of Business:

523 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

525 N. DIXIE FRY
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

523 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

525 N. DIXIE FRY
NEW SMYRNA BEACH, FL 32168

FEI Number: 90-0403982 **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:

STANTON, PETER M
129 E. TURGOT AVE.
EDGEWATER, FL 32132 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:	D	( ) Delete
Name:	BOCK, WALTER J	
Address:	31 A COUNTRY CLUB DR.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	BOCK, KARLANN	
Address:	31 A COUNTRY CLUB DR.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	STANTON, PTER N M	
Address:	129 E TURGOT AVE.	
City-St-Zip:	EDGEWATER, FL 32168	
Title:	D	( ) Delete
Name:	WINTERS, GLENN J	
Address:	525 N DIXIE FWY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	PISTILLI, CRAIG	
Address:	525 N DIXIE FWY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	PORTER, GENG	
Address:	31 D COUNTRY CLUB DR.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	

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:	
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: WALTER J. BOCK DIR 08/31/2009
Electronic Signature of Signing Officer or Director — Date