2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

DOCUMENT# N08000000136

Entity Name: TRANSPLANT SOCIETY INC

Current Principal Place of Business:

525 N. DIXIE FRY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

525 N. DIXIE FRY
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 90-0403982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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
Name: BOCK, WALTER J
Address: 31 A COUNTRY CLUB DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: BOCK, KARLANN
Address: 31 A COUNTRY CLUB DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: STANTON, PETER N M
Address: 129 E TURGOT AVE.
City-St-Zip: EDGEWATER, FL 32168

Title: D
Name: WINTERS, GLENN J
Address: 525 N DIXIE FWY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: PISTILLI, CRAIG
Address: 525 N DIXIE FWY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: PORTER, GENG
Address: 31 D COUNTRY CLUB DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: PETER STANTON D 04/17/2012

Electronic Signature of Signing Officer or Director Date