

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004460

FILED
Mar 17, 2009
Secretary of State

Entity Name: ORGAN DONOR AWARENESS FOUNDATION INC

Current Principal Place of Business:

11231 HERON BAY BLVD
3615
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

11231 HERON BAY BLVD
3615
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 26-2603583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRA, NEAL
11231 HERON BAY BLVD
#3615
CORAL SPRINGS, FL 33076 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: COB () Delete
Name: BIRA, NEAL
Address: 11231 HERON BAY BLVD #3615
City-St-Zip: CORAL SPRINGS, FL 33076

Title: P () Delete
Name: HARRIS, STACY
Address: 4613 N. UNIVERSITY DRIVE #244
City-St-Zip: CORAL SPRINGS, FL 33067

Title: EVP () Delete
Name: MARNELL, WAYNE
Address: 5944 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP () Delete
Name: WEISBERGER, AIMEE
Address: 8887 ROCKRIDGE GLEN COVE
City-St-Zip: BOYNTON BEACH, FL 33473

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:

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: STACY HARRIS

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date