

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008162

FILED
Mar 14, 2009
Secretary of State

Entity Name: GIFT OF LIFE EAST FLORIDA, INC.

Current Principal Place of Business:

9937 MAJORCA PLACE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

9937 MAJORCA PLACE
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 94-3439233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCTAGUE, JOEL M.
7805 SW 6TH CT.
PLANTATION, FL 33324 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: DP () Delete
Name: LUSTIG, PHILIP H. III
Address: 9937 MAJORCA PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: DS () Delete
Name: CASTELLO, PETER
Address: 1519 CYPRESS TRACE DR.
City-St-Zip: MELBOURNE, FL 32940

Title: DT () Delete
Name: CATOGGIO, CHRISTINE
Address: BOW CT.
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: MCTAGUE, JOEL M.
Address: 7805 SW 6TH CT.
City-St-Zip: PLANTATION, FL 33324

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: PHILIP H LUSTIG III

DP

03/14/2009

Electronic Signature of Signing Officer or Director

Date