

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008162

**FILED**  
**Apr 19, 2012**  
**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  
**Name:** LUSTIG, PHILIP H. III  
**Address:** 9937 MAJORCA PLACE  
**City-St-Zip:** BOCA RATON, FL 33434

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

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

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

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:** PHILIP H LUSTIG III

DS

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date