2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12658

FILED Apr 12, 2007 Secretary of State

Entity Name: DONORS FORUM OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 150 SE 2ND AVENUE 200 SOUTH BISCAYNE BLVD. SUITE 3300 STE. 712 MIAMI, FL 33131 MIAMI, FL 33131 **Current Mailing Address:** New Mailing Address: 150 SE 2ND AVENUE 200 SOUTH BISCAYNE BLVD. STE. 712 SUITE 3300 MIAMI, FL 33131 MIAMI, FL 33131 US FEI Number: 59-2671778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETREY, RODERICK N 701 BRIĆKELL AVE SUITE 3000 MIAMI, FL 33131 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VCD () Delete (X) Change () Addition HENDERSON, ANN HENDERSON, ANN Name: Name: 501 WHITEHEAD STREET Address: 501 WHITEHEAD STREET Address: City-St-Zip: KEY WEST, FL 33026 US City-St-Zip: KEY WEST, FL 33026 US Title: () Delete Title: () Change () Addition ARENBERG, CINDY Name: Name: Address: 6301 NW 5TH WAY, SUITE 3000 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: Title: () Delete Title: () Change () Addition KWAL, RICHARD Name: Name: 1101 BRICKELL AVE. TOWER, STE 800 Address: Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip: (X) Change () Addition Title: CD () Delete Title: PCD MARCUS, STEVEN Name: Name: MARCUS, STEVEN 2 BISCAYNE BLVD., SUITE 1710 2 BISCAYNE BLVD., SUITE 1710 Address: Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US Title: ATD () Delete Title: () Change () Addition DELONG, MICHELLE Name: Name: 505 SOUTH FLAGLER DRIVE, SUITE 220 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 US City-St-Zip: Title: () Delete Title: () Change (X) Addition BENTLEY, KIM Name: Name: Address: Address: 100 NW 12TH AVENUE DEERFIELD BEACH, FL 33442 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANN HENDERSON CD 04/12/2007