FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N19169** **(4)**

1. Corporation Name

PALM BEACH ORGAN AND TISSUE BANK, INC.

Principal Place of Business	Mailing Address
% JOHN H. FLYNN 933 - 45 STREET WEST PALM BEACH FL 33407-2413	% JOHN H. FLYNN 933 - 45 STREET WEST PALM BEACH FL 33407-2413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0877825 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLYNN, JOHN H.
99 - 45 STREET
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	THORNTON, THOMAS L.	1.2 NAME	
STREET ADDRESS	7313 OAKMONT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUMBACK, CLARENCE L. M	2.2 NAME	
STREET ADDRESS	7405 S. FLAGLER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHANSEN, DOUGLAS G.	3.2 NAME	
STREET ADDRESS	16270 SE FAIRVIEW CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	DALVA, EDWARD E.	4.2 NAME	Resigned
STREET ADDRESS	1800 EAST ST. LUCIE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, JOHN H.	5.2 NAME	
STREET ADDRESS	824 OCEAN DUNES CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	D ☒ Change ☐ Addition
NAME	HUMBERTO, CORDERO	6.2 NAME	
STREET ADDRESS	17987 FOXBOROUGH LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J H FLYNN JR/CEO 5/1/95 (407) 845-2323
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011068