

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996-1-96

DOCUMENT # N19169

(4)6270

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

3. Date Incorporated or Qualified  
02/10/1987

3a. Date of Last Report  
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0877825

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME THORNTON, THOMAS L.  
STREET ADDRESS 7313 OAKMONT DRIVE  
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BRUMBACK, CLARENCE L. M  
STREET ADDRESS 7405 S. FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE CD  
NAME JOHANSEN, DOUGLAS G.  
STREET ADDRESS 18270 SE FAIRVIEW CIRCLE  
CITY-ST-ZIP TEQUESTA FL ☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME FLYNN, JOHN H.  
STREET ADDRESS 824 OCEAN DUNES CIRCLE  
CITY-ST-ZIP JUPITER FL ☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HUMBERTO, CORDERO  
STREET ADDRESS 17987 FOXBOROUGH LANE  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-29-96

845-2323

CR2E037 (12/95)