


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N19169** (4)

1. Corporation Name

PALM BEACH ORGAN AND TISSUE BANK, INC.

Principal Place of Business

Mailing Address

% JOHN H. FLYNN
933 45TH STREET
WEST PALM BEACH FL 33407-2413

% JOHN H. FLYNN
933 45TH STREET
WEST PALM BEACH FL 33407-2413

3. Date Incorporated or Qualified

02/10/1987

4. FEI Number

59-0877825

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLYNN, JOHN H.
933 45TH 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

4/21/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **STD**

1.2 NAME

STREET ADDRESS **BRUMBACK, CLARENCE L. M**

1.3 STREET ADDRESS

CITY-ST-ZIP **933 45TH STREET**

1.4 CITY-ST-ZIP

WEST PALM BEACH FL 33407

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

NAME **CHRN**

2.3 STREET ADDRESS

STREET ADDRESS **JOHANSEN, DOUGLAS G.**

2.4 CITY-ST-ZIP

CITY-ST-ZIP **933 45TH STREET**

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

3.2 NAME

NAME **PD**

3.3 STREET ADDRESS

STREET ADDRESS **FLYNN, JOHN H.**

3.4 CITY-ST-ZIP

CITY-ST-ZIP **933 45TH STREET**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

NAME **VPD**

4.3 STREET ADDRESS

STREET ADDRESS **HUMBERTO, CORDERO**

4.4 CITY-ST-ZIP

CITY-ST-ZIP **933 45TH STREET**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME

NAME **D**

5.3 STREET ADDRESS

STREET ADDRESS **ARVIDSON, PHIL**

5.4 CITY-ST-ZIP

CITY-ST-ZIP **933 45TH STREET**

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME

NAME **D**

6.3 STREET ADDRESS

STREET ADDRESS **NIEHAUS, ROBERT**

6.4 CITY-ST-ZIP

CITY-ST-ZIP **933 45TH STREET**

6.4 CITY-ST-ZIP

WEST PALM BEACH FL 33407

14. I hereby certify that the information supplied with this filing 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:

John H. Flynn

4/21/98

561-845-2323

CR2E037 (10/97)