SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:25

DOCUMENT # N33993 (9)

1. Corporation Name
ASSOCIATION OF DONOR RECRUITMENT PROFESSIONALS I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O SHARON L. GOGERTY 536 W. 10TH ST. POB 2758 JACKSONVILLE FL 32206	C/O SHARON L. GOGERTY 536 W. 10TH ST. POB 2758 JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 08/23/1989
3a. Date of Last Report: 06/28/1994
4. FEI Number: 73-1240873 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 P.O. Box 540524	Suite, Apt. #, etc. 27 P.O. Box 540524
City & State 23 GRAND PRAIRIE, TX	City & State 28 GRAND PRAIRIE, TX
Zip 24 75054-0524 Country 25 USA	Zip 29 75054-0524 Country 30 USA

9. Name and Address of Current Registered Agent

GOGERTY, SHARON L.
536 W. 10TH ST.
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name: ROBERT P WEBER
82 Street Address (P.O. Box Number is Not Acceptable): 1627 LAKE COOK ROAD
83:
84 City: DEERFIELD IL 85 Zip Code: FL 60015

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 _____ DATE _____
Signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1 1 TITLE	D	☒ Change ☐ Addition
NAME	GOGERTY, SHARON L.	1 2 NAME	GOGERTY, SHARON L	
STREET ADDRESS	536 W. 10TH ST.	1 3 STREET ADDRESS	536 W. 10th ST	
CITY ST ZIP	JACKSONVILLE FL	1 4 CITY ST ZIP	JACKSONVILLE, FL 32206	
TITLE	P	2 1 TITLE	P	☒ Change ☐ Addition
NAME	LIFCHUS, LEN	2 2 NAME	LORRAINE KOHR	
STREET ADDRESS	4710 KINGSWAY	2 3 STREET ADDRESS	405 PROMENADE ST	
CITY ST ZIP	BURNABY, BC CAN	2 4 CITY ST ZIP	PROVIDENCE, RI 02908	
TITLE	D	3 1 TITLE	VP	☒ Change ☐ Addition
NAME	MCMULLEN, DALE	3 2 NAME	PHIL BUREAU	
STREET ADDRESS	3231 BURNET AVENUE ML 055	3 3 STREET ADDRESS	86 PLYMOUTH ST	
CITY ST ZIP	CINCINNATI OH 45267	3 4 CITY ST ZIP	OTTAWA, ONTARIO, CANADA K1S-3E2	
TITLE	D	4 1 TITLE	S	☒ Change ☐ Addition
NAME	OVELLETTE, GARY J.	4 2 NAME	MALINDA WOOD	
STREET ADDRESS	180 RUSTCRAFT RD.	4 3 STREET ADDRESS	10151 EAST 11th ST.	
CITY ST ZIP	DEDHAM MA	4 4 CITY ST ZIP	TULSA, OK 74128	
TITLE	VP	5 1 TITLE	T	☒ Change ☐ Addition
NAME	TIMM, MARIANNE	5 2 NAME	ROBERT WEBER	
STREET ADDRESS	1400 LA CONCHA	5 3 STREET ADDRESS	1627 LAKE COOK RD.	
CITY ST ZIP	HOUSTON TX	5 4 CITY ST ZIP	DEERFIELD, IL 60015	
TITLE	SD	6 1 TITLE		☒ Change ☐ Addition
NAME	HUGHES, MARILYN	6 2 NAME		
STREET ADDRESS	4426 CANTRELL ST.	6 3 STREET ADDRESS		
CITY ST ZIP	GRAND PRAIRIE TX 75052	6 4 CITY ST ZIP		

CR2E037 (3/95)

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: Robert P Weber ROBERT P WEBER, TREASURER 7/17/95 708-940-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001700