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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33993 (9)

1. Corporation Name

ASSOCIATION OF DONOR RECRUITMENT PROFESSIONALS I
NC.

Principal Place of Business

Mailing Address

P O BOX 540524
536 W. 10TH ST. POB 2758
GRAND PRAIRIE TX 75054-0524
USP O BOX 540524
536 W. 10TH ST. POB 2758
GRAND PRAIRIE TX 75054-0524
US3. Date Incorporated or Qualified
08/23/19893a. Date of Last Report
03/06/19964. FEI Number
73-1240873Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOGERTY, SHARON L.
536 W. 10TH ST.
JACKSONVILLE FL 32208

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 D ☐ DELETE
NAME GOGERTY, SHARON L.
STREET ADDRESS 536 W. 10TH ST.
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME KOHR, LORRAINE
STREET ADDRESS 405 PROMENADE ST
CITY-ST-ZIP PROVIDENCE RI2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VP ☐ DELETE
NAME BUREAU, PHIL
STREET ADDRESS 85 PLYMOUTH ST
CITY-ST-ZIP OTTAWA CA3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE S ☒ DELETE
NAME WOOD, MALINDA
STREET ADDRESS 10151 E 11TH ST
CITY-ST-ZIP TULSA OK4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME BARBARA ALBINIAK
4.3 STREET ADDRESS 1040 MADISON AVE
4.4 CITY-ST-ZIP MEMPHIS TN 38104TITLE T ☐ DELETE
NAME WEBER, ROBERT
STREET ADDRESS 1827 LAKE COOK RD
CITY-ST-ZIP DEERFIELD BEACH FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP DEERFIELD, IL 60015TITLE SD ☒ DELETE
NAME HUGHES, MARILYN
STREET ADDRESS 4426 CANTRELL ST.
CITY-ST-ZIP GRAND PRAIRIE TX 750526.1 TITLE VP ☐ Change ☐ Addition
6.2 NAME SUZANNE MCCOMBS
6.3 STREET ADDRESS 1001 N. LINCOLN BLVD
6.4 CITY-ST-ZIP OKLAHOMA CITY, OK 73104

14. I do 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:

ROBERT WEBER

1/31/97

847-940-6655

CR2E037 (9/96)