

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N40075 (6)**

1. Corporation Name

**NATIONAL ORGAN TRANSPLANT FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**ONE PURLIEU PLACE  
WINTER PARK FL 32792****P.O. BOX 4117  
WINTER PARK FL 32793-4117**3. Date Incorporated or Qualified  
**09/12/1990**3a. Date of Last Report  
**04/05/1996**4. FEI Number  
**59-3080399**Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, ROBERT C  
ONE PURLIEU PLACE  
ORLANDO FL 32822**

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 **PT** ☒ DELETE  
NAME **COLON, ABRAHAM R**  
STREET ADDRESS **2197 GRETNA DRIVE**  
CITY-ST-ZIP **DELTONA FL 32738**1.1 TITLE **P/T/D** ☐ Change ☒ Addition  
1.2 NAME **Robert C. Thompson**  
1.3 STREET ADDRESS **380 D Water Oak Circle**  
1.4 CITY-ST-ZIP **Orange City FL 32763**TITLE **VT** ☐ DELETE  
NAME **FILIPPO, DAVID SAN**  
STREET ADDRESS **ONE PURLIEU PLACE**  
CITY-ST-ZIP **ORLANDO FL 32822**2.1 TITLE **S** ☐ Change ☒ Addition  
2.2 NAME **Sandy Dawkins**  
2.3 STREET ADDRESS **1188 Foxfire Circle**  
2.4 CITY-ST-ZIP **Apopka FL 32712**TITLE **TT** ☐ DELETE  
NAME **SMITH, BARBARA**  
STREET ADDRESS **3206 BERRIDGE LANE**  
CITY-ST-ZIP **ORLANDO FL 32822**3.1 TITLE **T/D** ☐ Change ☒ Addition  
3.2 NAME **Jean Taylor**  
3.3 STREET ADDRESS **105 Eastern Fork**  
3.4 CITY-ST-ZIP **Longwood FL 32750**TITLE **T** ☒ DELETE  
NAME **FRAZEE, DAN**  
STREET ADDRESS **449 CRYSTAL LAKE DR.**  
CITY-ST-ZIP **MELBOURNE FL 32940**4.1 TITLE **T/D** ☐ Change ☒ Addition  
4.2 NAME **David Dawkins**  
4.3 STREET ADDRESS **1188 Foxfire Circle**  
4.4 CITY-ST-ZIP **Apopka FL 32712**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE **T/D** ☐ Change ☒ Addition  
5.2 NAME **Kim Hightower**  
5.3 STREET ADDRESS **9623 Old Bridge Ln.**  
5.4 CITY-ST-ZIP **Orlando FL 32819**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **Barbara K. Smith** **BARBARA K. SMITH** **1/25/97** **(407) 382-0422**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015529

CR2E037 (9/96)