

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ONE PURLIEU PLACE WINTER PARK FL 32792	Mailing Address P.O. BOX 4117 WINTER PARK FL 32793
--	--



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/12/1990
4. FEI Number 59-3080399
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, ROBERT C ONE PURLIEU PLACE #280 ORLANDO FL 32822	81 Name DAVID SAN FILIPPO 82 Street Address (P.O. Box Number is Not Acceptable) One Purlieu Place 83 Suite 280 84 City Winter Park FL 85 Zip Code 32792

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 **DAVID SAN FILIPPO** *David San Filippo* **2/7/98**
 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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT C THOMPSON	1.2 NAME	
STREET ADDRESS	380 D WATER OAK CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDY DAWKINS	2.2 NAME	
STREET ADDRESS	1188 FOX FIRE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN TAYLOR	3.2 NAME	TREASURER
STREET ADDRESS	105 EASTERN FORK	3.3 STREET ADDRESS	DAVID SAN FILIPPO
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	One Purlieu Place, Suite 280
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID DAWKINS	4.2 NAME	
STREET ADDRESS	1188 FOXFIRE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM HIGHTOWER	5.2 NAME	
STREET ADDRESS	8623 OLD BRIDGE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	President
STREET ADDRESS		6.3 STREET ADDRESS	Coleman Forehand
CITY-ST-ZIP		6.4 CITY-ST-ZIP	One Purlieu Place, Suite 280
			Winter Park, FL 32792

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: **DAVID SAN FILIPPO** *David San Filippo* **2/7/98** **407 673 3723**

CR2E037 (10/97)