

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45007 (4)
1. Corporation Name
THE AMERICAN TRANSPLANT FOUNDATION, INC.

Principal Place of Business Mailing Address
**2470 39TH STREET S.W.
NAPLES FL 33964** **2470 39TH STREET S.W.
NAPLES FL 33964**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/05/1991** 3a. Date of Last Report **07/26/1994**
4. FEI Number **65-0289488** 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 ☒ **\$68.75** Supplemental Fee Not Required
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 **2329 County Rd. 951** 26 **2329 County Rd. 951**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Naples Fla.** 28 **Naples, Fla.**
Zip Country Zip Country
24 **33999** 25 **USA** 29 **33999** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	SCHMAELING, GEORGE A.	1.2 NAME	GEORGE A SCHMAELING
STREET ADDRESS	2470 39TH ST. S.W.	1.3 STREET ADDRESS	2329 - C.R. 951
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	NAPLES, FL. 33999
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, WALTER R.	2.2 NAME	
STREET ADDRESS	4099 TAMiami TRAIL NO.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ERICKSON, LOUIS S.	3.2 NAME	
STREET ADDRESS	2301 CR 951, SUITE B	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	VICARU, JEAN	4.2 NAME	
STREET ADDRESS	FLORIDA SPORTS PARK	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	VITALI, JIM	5.2 NAME	
STREET ADDRESS	ST. ELIZABETH SETON CATHOLIC CHURCH	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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 given attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE A. SCHMAELING

DATE

4-26-95 (b)(3) 455-3108

DAYTIME PHONE #