


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 19 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N45007</b> 1. Corporation Name <b>THE AMERICAN TRANSPLANT FOUNDATION, INC.</b>			
Principal Place of Business <b>2301 COUNTRY ROAD 951</b> <b>NAPLES, FL 34116</b> <b>US</b>		Mailing Address <b>2329 COUNTRY ROAD 951</b> <b>NAPLES, FL 34116</b> <b>US</b>	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
<b>3. Date Incorporated or Qualified</b> <b>09/05/1991</b>		<b>3a. Date of Last Report</b> <b>09/05/1991</b>	
<b>4. FEI Number</b> <b>65-02894488</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>8. Name and Address of Current Registered Agent</b> <b>ERICKSON, LOUIS S.</b> <b>2301 C.R. 951, SUITE F</b> <b>NAPLES, FL 34116</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
<b>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.</b> SIGNATURE <i>[Signature]</i> DATE <i>8-12-97</i>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>P</b> NAME <b>SCHMAELING, GEORGE A.</b> STREET ADDRESS <b>2329 C.R. 951</b> CITY-ST-ZIP <b>NAPLES, FL 34116</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b> NAME <b>ROGERS, WALTER R.</b> STREET ADDRESS <b>4099 TAMiami TRAIL NO.</b> CITY-ST-ZIP <b>NAPLES, FL 34103</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>ERICKSON, LOUIS S.</b> STREET ADDRESS <b>2301 C.R. 951, SUITE F</b> CITY-ST-ZIP <b>NAPLES, FL 34116</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>VICARU, JEAN</b> STREET ADDRESS <b>FLORIDA SPORTS PARK</b> CITY-ST-ZIP <b>NAPLES, FL</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>VITALI, JIM</b> STREET ADDRESS <b>ST. ELIZABETH SETON CATHOLIC CHURCH, NAPLES, FL</b> CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>August 12, 1997</i> Daytime Phone # <i>941-455-3108</i>	

CR2E037 (9/96)