

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005243

FILED
Jan 17, 2005
Secretary of State

Entity Name: SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.

Current Principal Place of Business:

11430 94TH ST
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1915
LARGO, FL 33779 US

New Mailing Address:

FEI Number: 65-0644075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEERING, EVELYN
11430 94TH ST
LARGO, FL 33773 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUNSEN, STEVE
Address: 43629 RD 741
City-St-Zip: SMITHFIELD, NE 68976

Title: DV () Delete
Name: ODELL, ERIN
Address: 545 17TH STREET
City-St-Zip: BROOKLYN, NY 11215

Title: D () Delete
Name: LANDERS, SUSAN
Address: 1407 WATER VIEW DR W
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: FLYNN, KATHRYN
Address: 2509 OLD NC 10
City-St-Zip: HILLSBOROUGH, NC 27278

Title: DS () Delete
Name: KOUJAK, SUSAN
Address: 329 HOFFMAN SQUARE
City-St-Zip: FRANKLIN SQUARE, NY 11010

Title: D () Delete
Name: ARCHER, TOM
Address: 3440 HALLIDAY AVENUE
City-St-Zip: ST LOUIS, MO 63118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE BUNSEN

DP

01/17/2005

Electronic Signature of Signing Officer or Director

Date