

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005243

FILED
Feb 08, 2007
Secretary of State

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

Current Principal Place of Business:

2585 NW 13TH COURT
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

2585 NW 13TH COURT
DELRAY BEACH, FL 33445 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:

GOLDSTEIN, MILTON
2585 NW 13TH COURT
DELRAY BEACH, FL 33445 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: P () Delete
Name: ARCHER, TOM
Address: 3440 HALLIDAY AVENUE
City-St-Zip: ST LOUIS, MO 63118

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

Title: T () Delete
Name: NICHOLS, GARY
Address: 52 MOUNTAINSIDE ROAD
City-St-Zip: MENDHAM, NJ 07945

Title: D () Delete
Name: DONAHUE, RUTH
Address: 5301 ALGONQUIN TRAIL
City-St-Zip: KOKOMO, IN 46902

Title: D () Delete
Name: KOUJAK, SUSAN
Address: 4045 201 STREET, APT. 28
City-St-Zip: BAYSIDE, NY 11361

Title: D () Delete
Name: NEUBERGER, DAMIAN
Address: 2416 COVERT ROAD
City-St-Zip: GRANVIEW, RD 60024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HARDY, MARY
Address: 23609 TALBOT
City-St-Zip: ST. CLAIR SHORES, MI 48082

Title: S (X) Change () Addition
Name: RYAN, JUDY
Address: 116 SHAES LANDING
City-St-Zip: HOLLY RIDGE, NC 28445 65

Title: () Change () Addition
Name:
Address:
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 Chapter 119, 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: TOM ARCHER

P

02/08/2007

Electronic Signature of Signing Officer or Director

Date