# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2009**
**Secretary of State**

DOCUMENT# N95000005243

**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: | HARDY, MARY | |
| Address: | 23609 TALBOT | |
| City-St-Zip: | ST. CLAIR SHORES, MI 48082 | |
| Title: | S | ( ) Delete |
| Name: | RYAN, JUDY | |
| Address: | 116 SHAES LANDING | |
| City-St-Zip: | HOLLY RIDGE, NC 28445 65 | |
| Title: | D | ( ) Delete |
| Name: | CHRISTENSON, TIFFENY | |
| Address: | 207 FAN BRANCH LANE | |
| City-St-Zip: | CHAPEL HILL, NC 27516 | |
| 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: | ( ) 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 |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify 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 03/10/2009

Electronic Signature of Signing Officer or Director — Date