

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Jun 13 1996 8:00 am

Secretary of State

DOCUMENT # N95000005825 (3)

1. Corporation Name

NATIONAL TRANSPLANT EDUCATION & RESEARCH FOUNDATION, INC.

Principal Place of Business

8100 3RD STREET
NEPTUNE BEACH FL 32266

Mailing Address

8100 3RD STREET
NEPTUNE BEACH FL 32266



3. Date Incorporated or Qualified

12/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

BERNREUTER, CHARLES H III
8100 3RD STREET
NEPTUNE BEACH FL 32266

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 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MONTGOMERY, C. TED
STREET ADDRESS 833 GREENRIDGE ROAD
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE VD ☐ DELETE

NAME MCCLUSKEY, BETSY
STREET ADDRESS 4730 N.W. 13TH AVENUE
CITY - ST - ZIP GAINESVILLE FL 32605

TITLE SD ☐ DELETE

NAME PROVO, TRACY
STREET ADDRESS 423 9TH AVENUE NORTH APT 1
CITY - ST - ZIP JACKSONVILLE BEACH FL 32250

TITLE TD ☐ DELETE

NAME LINGER, DAVID M
STREET ADDRESS 8100 3RD STREET
CITY - ST - ZIP NEPTUNE BEACH FL 32266

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 or as an attachment with an address.

SIGNATURE:

DAVID M. LINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 (904) 241-5858

Date

Daytime Phone #

CR2E037 (3/96)