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Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000005825 (3)

1. Corporation Name

NATIONAL TRANSPLANT EDUCATION & RESEARCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

8100 3RD STREET
NEPTUNE BEACH FL 32266

8100 3RD STREET
NEPTUNE BEACH FL 32266-5065

3. Date Incorporated or Qualified
12/11/1995

3a. Date of Last Report
06/13/1996

2. Principal Place of Business

2a. Mailing Address

21 302 THIRD STREET

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5

27 SAME

City & State

City & State

23 Neptune Beach, FL

28 SAME

Zip

Country

Zip

Country

24 32266 25 Annual

29 SAME 30

4. FEI Number

59-3348614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

225 TALLWOOD
JACKSONVILLE BEACH, FL
32250

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MONTGOMERY, C. TED
STREET ADDRESS 933 GREENRIDGE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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.

SIGNATURE: [Signature] (991) 241-5000

CR2E037 (9/96)