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FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002912 (1)

1. Corporation Name

NORTHEAST FLORIDA CHAPTER OF TRANSPLANT RECIPIENTS  
INTERNATIONAL ORGANIZATION, INC.

Principal Place of Business

Mailing Address

C/O HEART & LUNG INST. ST. VINCENTS HOSP.  
1800 BARRS STREET  
JACKSONVILLE FL 32204C/O HEART & LUNG INST. ST. VINCENTS HOSP.  
1800 BARRS STREET  
JACKSONVILLE FL 32204-45503. Date Incorporated or Qualified  
06/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

22

27

City &amp; State

City &amp; State

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

24

25

29

32236-0562

30

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

RHODES, J T  
NATIONAL BLDG., SUITE 140  
4215 SOUTHPOINT BOULEVARD  
JACKSONVILLE FL 32216

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 D ☐ DELETE  
NAME RHODES, J T  
STREET ADDRESS 4215 SOUTHPOINT BLVD., SUITE 140  
CITY-ST-ZIP JACKSONVILLE FL 322041.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME MASTERS, JUDITH L  
STREET ADDRESS 5327-110TH STREET  
CITY-ST-ZIP JACKSONVILLE FL 322442.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME LYERLY, WILLIAM  
STREET ADDRESS 6541 SOLANDRA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32210-70663.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME RODRIGUEZ, DEBRA  
STREET ADDRESS 10122 WINDWARD WAY, NORTH  
CITY-ST-ZIP JACKSONVILLE FL 322564.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME DRAKE, CATHERINE  
STREET ADDRESS 830-13A1A NORTH, #311  
CITY-ST-ZIP PONTE VEDRA FL 320825.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
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: *F.W. Lyerly Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004573

CP2E037 (9/96)