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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002912 (1)**

1. Corporation Name

**NORTHEAST FLORIDA CHAPTER OF TRANSPLANT RECIPIENT
INTERNATIONAL ORGANIZATION, INC.**



Principal Place of Business C/O HEART & LUNG INST. ST. VINCENTS HOSP. 1800 BARRS STREET JACKSONVILLE FL 32204	Mailing Address PO BOX 60562 JACKSONVILLE FL 32236-0562 US
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3. Date Incorporated or Qualified 06/04/1996
4. FEI Number 59-3361086
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent RHODES, J T NATIONAL BLDG., SUITE 140 4215 SOUTHPOINT BOULEVARD JACKSONVILLE FL 32216	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RHODES, J T
STREET ADDRESS	4215 SOUTHPOINT BLVD., SUITE 140
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MASTERS, JUDITH L
STREET ADDRESS	5327-110TH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LYERLY, WILLIAM
STREET ADDRESS	6541 SOLANDRA DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32210-7086
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DRAKE, CATHERINE
STREET ADDRESS	830-13A1A NORTH, #311
CITY-ST-ZIP	PONTE VEDRA FL 32082
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Hugh Patterson
1.3 STREET ADDRESS	7918 NARANJA DR
1.4 CITY-ST-ZIP	Jacksonville FL 32217
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Steve Binder
2.3 STREET ADDRESS	10023 Belle River #1122
2.4 CITY-ST-ZIP	Jacksonville FL 32256
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Lori O'Steen
4.3 STREET ADDRESS	1607 River Bluff Rd.
4.4 CITY-ST-ZIP	Jacksonville FL 32211
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* **F.W. Lyerly Jr** *February 23, 1998* **904/ 771-5632**

CR2E037 (10/97)