

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90028 025 \*\*\*\*70.00

**DOCUMENT # N96000002912**

1. Entity Name

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



Principal Place of Business

Mailing Address

**5150 BELFORT RD  
BLDG 300  
JACKSONVILLE FL 32256**

**PO BOX 60562  
JACKSONVILLE FL 32236-0562  
US**

**04011660**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3361086**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHODES, J T  
5150 BELFORT RD.  
BLDG. 300  
JACKSONVILLE FL 32256**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **RHODES, J T**  
STREET ADDRESS **5150 BELFORT RD BLDG 300**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Delete  
NAME **REED, REBA**  
STREET ADDRESS **6101 JONES RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ Delete  
NAME **O'STEEN, LORI**  
STREET ADDRESS **1607 RIVER BLUFF RD N**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete  
NAME **MOORE, ALAN III**  
STREET ADDRESS **PO BOX 2713**  
CITY-ST-ZIP **ORANGE PARK FL 32067**

TITLE ☐ Delete  
NAME **BULLMAN, LON**  
STREET ADDRESS **13751 MAUDRIN RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Ronnie Olliff**  
STREET ADDRESS **9416 Kellie Road**  
CITY-ST-ZIP **Jacksonville, FL. 32257**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Shirley WATTS**  
STREET ADDRESS **1272 Galapagos Ave**  
CITY-ST-ZIP **Atlantic Beach, FL. 32233**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**J.T. Rhodes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President. 2-19-04 904-296-9055**  
Date Daytime Phone #