2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000002912

FILED Sep 16, 2010 Secretary of State

Entity Name: NORTHEAST FLORIDA CHAPTER OF TRANSPLANT RECIPIENTS INTERNATIONAL ORGANIZATION,

Current Principal Place of Business: New Principal Place of Business:

5150 BELFORT RD 1124 EDGEWOOD AVENUE SOUTH

JACKSONVILLE, FL 32205 **BLDG 300** JACKSONVILLE, FL 32256

Current Mailing Address:

New Mailing Address:

1124 EDGEWOOD AVENUE SOUTH PO BOX 60562

JACKSONVILLE, FL 322360562 US JACKSONVILLE, FL 32205

FEI Number: 59-3361086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RHODES, J T RHODES, J T 5150 BELFORT RD. 1124 EDGEWOOD AVENUE SOUTH BLDG. 300 JACKSONVILLE, FL 32205

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.

SIGNATURE: JTRHODES 09/16/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32256 US

RHODES, J T Name:

Address: 1124 EDGEWOOD AVENUE SOUTH

City-St-Zip: JACKSONVILLE, FL 32205

Title:

Name: WHITE, TERESA Address: 3811 COLEBROOKE DR City-St-Zip: JACKSONVILLE, FL 32210

Title:

BINDER, STEVEN Name:

2060 HOVINGTON CIRCLE E Address: City-St-Zip: JACKSONVILLE, FL 32246

Title:

Name: BULLMAN, LON

13751 MANDARIN ROAD Address: City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRES SIGNATURE: JTRHODES 09/16/2010