

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001058

**FILED**  
**Feb 05, 2007**  
**Secretary of State**

**Entity Name:** THE SHAWN ELLIOTT TRANSPLANT MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

6085 LAST CHANCE ROAD  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

702 BADGER LANE  
HAVELOCK, NC 28532 US

**New Mailing Address:**

6085 LAST CHANCE RD  
MILTON, FL 32570 US

FEI Number: 62-1742035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BROWN, JANET E  
6085 LAST CHANCE ROAD  
MILTON, FL 32570 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, JANET E  
Address: 6085 LAST CHANCE ROAD  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: BROWN, CLARENCE L  
Address: 5649 TREVINO DR  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: MEADOWS, MISTY M  
Address: 101 PULLEY RD  
City-St-Zip: HAVELOCK, NC 28532

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANET E BROWN

PD

02/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date