FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:11

DOCUMENT # P17273 (4)

1. Corporation Name
THE CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC

Principal Place of Business	Mailing Address
2501 COTA DRIVE BLOOMINGTON IN 47403	2501 COTA DRIVE BLOOMINGTON IN 47403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1987
3a. Date of Last Report: 06/13/1994
4. FEI Number: 35-1674365 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	CAIN, DAVE	1.2 NAME	CAIN, DAVE	
STREET ADDRESS	513 WEST WYLIE	1.3 STREET ADDRESS	4975 CRANDALL AVENUE	
CITY-ST-ZIP	BLOOMINGTON IN	1.4 CITY-ST-ZIP	ELLETTSVILLE, IN 47429	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	TA;OAFERRP, GEORGE	2.2 NAME	TALIAFERRO, GEORGE	
STREET ADDRESS	3018 STRATFORD DRIVE	2.3 STREET ADDRESS	3013 STRATFORD DRIVE	
CITY-ST-ZIP	BLOOMINGTON IN	2.4 CITY-ST-ZIP	BLOOMINGTON, IN 47401	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	LANE, BARBARA J.	3.2 NAME		
STREET ADDRESS	891 W INDIANA	3.3 STREET ADDRESS		
CITY-ST-ZIP	SPENCER IN	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	CLAY, TRACY	4.2 NAME	CLAY, TRACY	
STREET ADDRESS	2902 S. SARE ROAD #10	4.3 STREET ADDRESS	1924 EAST BAY POINTE	
CITY-ST-ZIP	BLOOMINGTON IN	4.4 CITY-ST-ZIP	BLOOMINGTON, IN 47401	
TITLE		5.1 TITLE	MEMBER	☐ Change ☒ Addition
NAME		5.2 NAME	DIGESO, AMY	
STREET ADDRESS		5.3 STREET ADDRESS	8787 STEMMONS FREEWAY	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DALLAS, TX 75247	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dave Cain DAVE CAIN 812-336-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

074401