

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **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 47403-4204**3. Date Incorporated or Qualified
12/17/19873a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
35-1674365Applied For
☐ Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CAIN, DAVE**
STREET ADDRESS **4975 CRANDALL AVENUE**
CITY-ST-ZIP **ELLETTSVILLE IN**1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **MOSEMAN, MARK**
1.3 STREET ADDRESS **1800 E 2ND STREET**
1.4 CITY-ST-ZIP **BLOOMINGTON, IN 47401**TITLE **VD** ☐ DELETE
NAME **TALIAFERRO, GEORGE**
STREET ADDRESS **3013 STRATFORD DRIVE**
CITY-ST-ZIP **BLOOMINGTON IN**2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **GILYARD, CLARENCE**
2.3 STREET ADDRESS **2501 COTA DRIVE**
2.4 CITY-ST-ZIP **BLOOMINGTON, IN 47403**TITLE **TD** ☐ DELETE
NAME **CLAY, TRACY**
STREET ADDRESS **1924 EAST BAY POINTE**
CITY-ST-ZIP **BLOOMINGTON IN**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

Date

812-336-8872

Daytime Phone # 0075939

CR2E037 (9/96)