

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003760

Entity Name: FLORIDA ORGAN TRANSPLANT ASSOCIATION, INC.**Current Principal Place of Business:**1705 ANDROS ISLE
APT.# O-1
COCONUT CREEK, FL 33066**Current Mailing Address:**934 N. UNIVERSITY DR.
#451
CORAL SPRINGS, FL 33071 US**FEI Number:** 04-3681131**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VENEZIA, JOHN
1705 ANDROS ISLE
APT.# O-1
COCONUT CREEK, FL 33066 US*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:** JOHN VENEZIA

04/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name VENEZIA, JOHN
Address 934 N. UNIVERSITY DR.
#451
City-State-Zip: CORAL SPRINGS FL 33071

Title PRESIDENT
Name WEINBERG, MARCY PHD
Address 934 N. UNIVERSITY DR.
#451
City-State-Zip: CORAL SPRINGS FL 33071

Title VP
Name STRAUB-RUOTOLO, ELIZABETH ANN
Address 934 N. UNIVERSITY DR.
#451
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR
Name COHEN, JAMES
Address 934 N. UNIVERSITY DR.
#451
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR
Name HARRIS, ELIZABETH
Address 934 N. UNIVERSITY DR.
#451
City-State-Zip: CORAL SPRINGS FL 33071

Title DIRECTOR
Name RUOTOLO, ELIZABETH
Address 934 N. UNIVERSITY DR.
451
City-State-Zip: CORAL SPRINGS FL 33071

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.

SIGNATURE: JOHN VENEZIA

EXECUTIVE DIRECTOR

04/17/2020

Electronic Signature of Signing Officer/Director Detail

Date