

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000000459

Entity Name: GLOBAL TRANSPLANT FOUNDATION, INC.**Current Principal Place of Business:**2665 S. BAYSHORE DRIVE
SUITE 1103
MIAMI, FL 33133**Current Mailing Address:**2665 S. BAYSHORE DRIVE
SUITE 1103
MIAMI, FL 33133 US**FEI Number: 83-3252441****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ, MARILE
2665 S. BAYSHORE DRIVE
SUITE 1103
MIAMI, FL 33133 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MOURNING, ALONZO H JR
Address	3109 GRAND AVENUE
City-State-Zip:	MIAMI FL 33133

Title	TREA
Name	FURST, ALLEN S
Address	3109 GRAND AVENUE
City-State-Zip:	MIAMI FL 33133

Title	DIR
Name	LOPEZ, MARILE
Address	2665 S. BAYSHORE DRIVE, SUITE 1103
City-State-Zip:	MIAMI FL 33133

Title	SEC
Name	LOPEZ, MARILE
Address	2665 S. BAYSHORE DRIVE, SUITE 1103
City-State-Zip:	MIAMI FL 33133

Title	DIR
Name	MOURNING, ALONZO H JR
Address	3109 GRAND AVENUE
City-State-Zip:	MIAMI FL 33133

Title	DIR
Name	FURST, ALLEN S
Address	3109 GRAND AVENUE
City-State-Zip:	MIAMI FL 33133

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: ALLEN FURST**TREASURER****04/12/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date