

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17273

**Entity Name:** THE CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC.

**FILED**  
**Apr 19, 2023**  
**Secretary of State**  
**0880294019CC**

**Current Principal Place of Business:**

2501 W COTA DRIVE  
BLOOMINGTON, IN 47403

**Current Mailing Address:**

2501 W COTA DRIVE  
BLOOMINGTON, IN 47403 US

**FEI Number: 35-1674365**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           DIRECTOR  
Name           MCNEELY, KATHLEEN  
Address        2501 W. COTA DR  
City-State-Zip: BLOOMINGTON IN 47403

Title           VP  
Name           FULKERSON, LISA  
Address        2501 COTA DRIVE  
City-State-Zip: BLOOMINGTON IN 47403

Title           PRESIDENT  
Name           LOFGREN, ROBERT  
Address        2501 COTA DRIVE  
City-State-Zip: BLOOMINGTON IN 47403

Title           SECRETARY  
Name           BERRY, ZINA  
Address        2501 W COTA DRIVE  
City-State-Zip: BLOOMINGTON IN 47403

Title           TREASURER  
Name           ORMSTEDT, DAVID  
Address        2501 W COTA DRIVE  
City-State-Zip: BLOOMINGTON IN 47403

*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: LISA FULKERSON**

**VICE PRESIDENT**

**04/19/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date