2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2025
Secretary of State
4437743168CC

DOCUMENT# P17273

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

Current Principal Place of Business:

2501 W COTA DR
BLOOMINGTON, IN 47403

Current Mailing Address:

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

Title	TREASURER, DIRECTOR
Name	TIMMONS, SUSY
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	FORD, T. MICHAEL
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	PRICE, SCOTT CPA (THETCHEN)
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	TREASURER, VP, DIRECTOR
Name	BERRY, ZINA
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	TREVIÑO , YOLANDA PHD
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	SEIDERS , SUZANNE RN, BSN
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	GANTON, SCOTT
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

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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 AUTHORIZED PERSON 03/10/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KAYNE, ROBERT
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	COLLINS, MARC
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

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

Title	DIRECTOR
Name	ELLIS, JOLENE
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	SANTNER, ISABEL CPA
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	CHAIRMAN
Name	PAGANELLI, ANTHONY JD
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	LOFGREN, RICHARD MBA
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	FULKERSON, LISA CPA
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	MCNEELY, KATHLEEN
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR
Name	BALDWIN, JOELLEN
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403

Title	DIRECTOR, TREASURER
Name	HANNAH, BO CPA
Address	2501 W COTA DR
City-State-Zip:	BLOOMINGTON IN 47403