

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005243 (9)

1. Corporation Name

SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.

Principal Place of Business

**16393 EAST DURAN BLVD.
LOXAHATCHEE FL 33470**

Mailing Address

**16393 EAST DURAN BLVD.
LOXAHATCHEE FL 33470**



3. Date Incorporated or Qualified
11/06/1995

3a. Date of Last Report
N/A

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMP, NANCY
16393 EAST DURAN BLVD.
LOXAHATCHEE FL 33470**

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	DT	<input type="checkbox"/> DELETE
NAME	BURMEISTER, DALE	
STREET ADDRESS	9323 TREE TOP LANE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CAMP, NANCY	
STREET ADDRESS	16393 EAST DURAN BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ISAMAN, DON	
STREET ADDRESS	1129 KNIGHTS PLACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	JONES, JOE	
STREET ADDRESS	5479 MD8QUERO ROAD	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOVE, STEVE	
STREET ADDRESS	P.O. BOX 11512	
CITY-ST-ZIP	BROOKSVILLE FL 34610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLSEN, SANDI	
STREET ADDRESS	1167 TURNER STREET #202	
CITY-ST-ZIP	CLEARWATER FL 34616	

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tom Wright	
1.3 STREET ADDRESS	9030 W. Lake View Ct.	
1.4 CITY-ST-ZIP	Crystal River, FL 34428	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Judy Wright	
2.3 STREET ADDRESS	9030 W. Lake View Ct.	
2.4 CITY-ST-ZIP	Crystal River, FL 34428	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sherry Russo	
3.3 STREET ADDRESS	908 N. Fork Rd.	
3.4 CITY-ST-ZIP	Stuart, FL 34994	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kelly Helms	
4.3 STREET ADDRESS	204 Briarwood Lane	
4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Connie Wagner	
5.3 STREET ADDRESS	39650 U.S. 19 N., #151	
5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Nancy A. Camp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

407-793-7480

Date

Daytime Phone #

CR2E037 (12/95)