

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005243

FILED  
Feb 08, 2007  
Secretary of State

**Entity Name:** SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.

**Current Principal Place of Business:**

2585 NW 13TH COURT  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

2585 NW 13TH COURT  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

**FEI Number:** 65-0644075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDSTEIN, MILTON  
2585 NW 13TH COURT  
DELRAY BEACH, FL 33445 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARCHER, TOM  
Address: 3440 HALLIDAY AVENUE  
City-St-Zip: ST LOUIS, MO 63118

Title: V ( ) Delete  
Name: FLYNN, KATHRYN  
Address: 2509 OLD NC 10  
City-St-Zip: HILLSBOROUGH, NC 27278

Title: T ( ) Delete  
Name: NICHOLS, GARY  
Address: 52 MOUNTAINSIDE ROAD  
City-St-Zip: MENDHAM, NJ 07945

Title: D ( ) Delete  
Name: DONAHUE, RUTH  
Address: 5301 ALGONQUIN TRAIL  
City-St-Zip: KOKOMO, IN 46902

Title: D ( ) Delete  
Name: KOUJAK, SUSAN  
Address: 4045 201 STREET, APT. 28  
City-St-Zip: BAYSIDE, NY 11361

Title: D ( ) Delete  
Name: NEUBERGER, DAMIAN  
Address: 2416 COVERT ROAD  
City-St-Zip: GRANVIEW, RD 60024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HARDY, MARY  
Address: 23609 TALBOT  
City-St-Zip: ST. CLAIR SHORES, MI 48082

Title: S (X) Change ( ) Addition  
Name: RYAN, JUDY  
Address: 116 SHAES LANDING  
City-St-Zip: HOLLY RIDGE, NC 28445 65

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM ARCHER

P

02/08/2007

Electronic Signature of Signing Officer or Director

Date