

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005243

**Entity Name:** SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.**Current Principal Place of Business:**2577 PACES FERRY ROAD N  
ORANGE PARK, FL 32073**Current Mailing Address:**2577 PACES FERRY ROAD N  
ORANGE PARK, FL 32073 US**FEI Number:** 65-0644075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUSTIN, JACK  
2577 PACES FERRY ROAD N  
ORANGE PARK, FL 32073 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 ARCHER, TOM  
Address 3440 HALLIDAY AVENUE  
City-State-Zip: ST LOUIS MO 63118

Title T  
Name NICHOLS, GARRY  
Address 50 PATRIOTS WAY  
City-State-Zip: SOMERSET NJ 08873

Title V  
Name SCHUMANN, STEVE  
Address 1020 GULL COURT  
City-State-Zip: PALATINE IL 60067

Title V  
Name KEELER, CHERYL  
Address 2781 CHATEAU CIRCLE  
City-State-Zip: COLUMBUS OH 43221

Title S  
Name KURZ, JANE  
Address 10 CAMP DAVID ROAD  
City-State-Zip: WILMINGTON DE 19810

Title D  
Name AUSTIN, JACK  
Address 2577 PACES FERRY ROAD N  
City-State-Zip: ORANGE PARK FL 32073

*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:** GARRY NICHOLS**DIRECTOR & TREASURER** 01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date