

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 02 1997 8:00am
Secretary of State

DOCUMENT # N95000005243 (9)

1. Corporation Name

SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

16393 EAST DURAN BLVD.
LOXAHATCHEE FL 33470

16393 EAST DURAN BLVD.
LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1995

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 9030 W. LAKEVIEW CT.

2a. Mailing Address

26 9030 W. LAKEVIEW, CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CRYSTAL RIVER, FL

27 City & State

28 CRYSTAL RIVER, FL

24 Zip 34428

25 Country USA

29 Zip 34428

30 Country USA

4. FEI Number
65-0644075

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

TOM WRIGHT

82 Street Address (P.O. Box Number is Not Acceptable)

9030 W. LAKEVIEW CT

83

84 City

CRYSTAL RIVER

FL

85 Zip Code
34428

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 Tom Wright

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE
NAME BURMEISTER, DALE
STREET ADDRESS 9323 TREE TOP LANE
CITY-ST-ZIP HUDSON FL 34669

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS ☒ DELETE
NAME CAMP, NANCY
STREET ADDRESS 16393 EAST DURAN BLVD.
CITY-ST-ZIP LOXAHATCHEE FL 33470

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME DS HEERING, EVELYN
2.3 STREET ADDRESS 625 LOIS LANE
2.4 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770

TITLE DV ☐ DELETE
NAME ISAMAN, DON
STREET ADDRESS 1129 KNIGHTS PLACE
CITY-ST-ZIP LAKELAND FL 33813

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME TOM WRIGHT
STREET ADDRESS 9030 W LAKE VIEW CT
CITY-ST-ZIP CRYSTAL RIVER FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DP TOM WRIGHT
4.3 STREET ADDRESS 9030 W. LAKEVIEW CT
4.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE PD ☒ DELETE
NAME LOVE, STEVE
STREET ADDRESS P.O. BOX 11512
CITY-ST-ZIP BROOKSVILLE FL 34810

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D JUDY WRIGHT
5.3 STREET ADDRESS 9030 W. LAKEVIEW CT
5.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE D ☐ DELETE
NAME OLSEN, SANDI
STREET ADDRESS 1167 TURNER STREET #202
CITY-ST-ZIP CLEARWATER FL 34616

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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. 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 SIGNATURE REQUIRED

8/16/97 813 586 17

CR2E037 (4/97)