

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005243

Entity Name: SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.**Current Principal Place of Business:**2781 CHATEAU CIRCLE
UPPER ARLINGTON, OH 43221**Current Mailing Address:**2781 CHATEAU CIRCLE
UPPER ARLINGTON, OH 43221 US**FEI Number:** 65-0644075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRIGGS, GREG
13145 CALDWELL ROAD
JACKSONVILLE, FL 32226 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:** GREG BRIGGS

03/23/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KEELER, CHERYL
Address 2781 CHATEAU CIRCLE
City-State-Zip: UPPER ARLINGTON OH 43221

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

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

Title DIRECTOR
Name MARTIN, JULIE
Address P. O. BOX 1301
City-State-Zip: HENRYETTE OK 74337

Title TREASURER
Name BLAND, GARY
Address 2998 JESMOND DENE HEIGHTS ROAD
City-State-Zip: ESCONDIDO CA 92026

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

Title DIRECTOR
Name ARCHER, TOM
Address 3440 HALLIDAY AVENUE
City-State-Zip: ST. LOUIS MO 63118

Title VP
Name SHIELDS, FRANK
Address 8143 SOUTH SACRAMENTO AVENUE
City-State-Zip: CHICAGO IL 60652

Continues on page 2

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: GARY R. BLAND**TREASURER**

03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POPE, ROSS
Address 789 GLENDALE COURT
City-State-Zip: CRESCENT SPRINGS KY 41017

Title DIRECTOR
Name NATE, TOM
Address 356 SUNSET TRAIL
City-State-Zip: BANDERA TX 78003