

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005243

**Entity Name:** SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.**Current Principal Place of Business:**28834 SANDY BANKS WAY  
MILTON, DE 19968-3074**Current Mailing Address:**2998 JESMOND DENE HEIGHTS ROAD  
ESCONDIDO, CA 92026 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

03/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           KURZ, JANE  
Address        28834 SANDY BANKS WAY  
City-State-Zip: MILTON DE 19968-3074

Title            SECRETARY  
Name           MAGNUS, RUTH  
Address        3532 STONE CANYON AVE.  
City-State-Zip: SHARMAN OAKS CA 91403

Title            DIRECTOR  
Name           NATE, TOM  
Address        7535 PARAISO HAVEN  
City-State-Zip: BOERNE TX 78015

Title            DIRECTOR  
Name           HARNED, ERIC  
Address        211 BROWNSFELL DRIVE  
City-State-Zip: COLUMBUS OH 43235

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

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

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

Title            DIRECTOR  
Name           NEUBERGER, DAMIAN DR.  
Address        2416 COVERT ROAD  
City-State-Zip: GLENVIEW IL 60025

**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**

03/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ADAMS, TIM  
Address 332 HAMPSHIRE DRIVE  
City-State-Zip: VENTNOR NJ 08406

Title DIRECTOR  
Name BURKE, MELISSA  
Address 1610 TITAN STREET, UNIT B  
City-State-Zip: PHILADELPHIA PA 19146

Title VP  
Name HENRY, PATRICK  
Address 75 SCATTER TREE LANE  
City-State-Zip: ORCHARD PARK NY 14127