

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005243

**Entity Name:** SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.**Current Principal Place of Business:**1173 SAN MARINO DRIVE  
APT. 4304  
SAN MARCOS, CA 92078**Current Mailing Address:**1173 SAN MARINO DRIVE  
APT. 4304  
SAN MARCOS, CA 92078 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

03/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            DIRECTOR  
Name            BLAND, GARY  
Address        1173 SAN MARINO DRIVE  
                  APT. 4304  
City-State-Zip: SAN MARCOS CA 92078

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

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

Title            TREASURER  
Name            RIDDER, SARAH  
Address        3590 BECKWITH LANE  
City-State-Zip: CRETE IL 60417

Title            1ST VICE PRESIDENT  
Name            SHIELDS, FRANK  
Address        8143 SOUTH SACRAMENTO AVENUE  
City-State-Zip: CHICAGO IL 60652

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

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

DIRECTOR

03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KLMER, MIKE  
Address 1809 COUNTRY OAKS LANE  
City-State-Zip: SPEARFISH SD 57783

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

Title 2ND VICE PRESIDENT  
Name HENRY, PATRICK  
Address 75 SCATTER TREE LANE  
City-State-Zip: ORCHARD PARK NY 14127

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