

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005243

Entity Name: SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.**Current Principal Place of Business:**3590 BECKWITH LANE
CRETE, IL 60417**Current Mailing Address:**3590 BECKWITH LANE
CRETE, IL 60417 US**FEI Number:** 65-0644075**Certificate of Status Desired:** Yes**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

02/06/2023

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

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

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

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

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

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: SARAH RIDDER**TREASURER**

02/06/2023

Electronic Signature of Signing Officer/Director Detail

Date