

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 4:26

DOCUMENT # F93000003009 (8)

1. Corporation Name

CHILDREN'S HEART FUND, CORPORATION

Principal Place of Business

Mailing Address

001 EAST 26TH STREET  
MINNEAPOLIS MN 55407

800 E 28TH ST  
MINNEAPOLIS MN 55407  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/30/1993

3a. Date of Last Report  
03/30/1994

4. FEI Number  
41-1307457

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 5075 Arcadia Avenue

26 5075 Arcadia Avenue

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 Minneapolis, MN

28 Minneapolis, MN

Zip

Country

Zip

Country

24 55436

25 ~~USA~~ U.S.A.

29 55436

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEARNS, CAROL  
365 NORTHWEST 95TH AVENUE  
FORT LAUDERDALE FL 33324

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	ANDREAS, DAVID L
STREET ADDRESS	75 SOUTH 5TH STREET, TENTH FLOOR
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	SD
NAME	BUSCH, KEVIN M
STREET ADDRESS	3800 IDS CENTER, 80 SOUTH 8TH STREET
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	CD
NAME	CHAPMAN, LEE D.D.S.
STREET ADDRESS	7373 FRANCE AVENUE SOUTH, SUITE 412
CITY - ST - ZIP	EDINA MN
TITLE	PD
NAME	FISK, RICK
STREET ADDRESS	800 E 28TH ST
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD Busch, Kevin M.
2.3 STREET ADDRESS	4800 Northwest Center
2.4 CITY - ST - ZIP	Minneapolis, MN 55402
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P Susan Basil King
4.3 STREET ADDRESS	5075 Arcadia Avenue
4.4 CITY - ST - ZIP	Minneapolis, MN 55436
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Susan Basil King*

Susan Basil King

3-13-95 (612) 928-4860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #