

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005573

**Entity Name:** STUDENTS WITH HEART FOUNDATION, INC.

**Current Principal Place of Business:**

1535 16TH TER.  
HOMESTEAD, FL 33135

**Current Mailing Address:**

PO BOX 416658  
MIAMI BEACH, FL 33141 US

**FEI Number: 27-2829832**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GROSS, MICHAEL J  
7900 HARBOR ISLAND DRIVE  
APT. 509  
NORTH BAY VILLAGE, FL 33141 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GROSS, MICHAEL J  
Address 7900 HARBOR ISLAND DRIVE, APT. 509  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title T  
Name UCHUYA, CLAUDIA  
Address 7900 HARBOR ISLAND DRIVE APT 509  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title S  
Name THOMAS, TRAVIS N  
Address 13805 MOORPARK STREET, APT. 8  
City-State-Zip: SHERMAN OAKS CA 91423

Title MR  
Name BELL, JONATHAN  
Address 627 EAST 236 STREET  
City-State-Zip: BRONX NY 10466

Title VP  
Name KOSAK, D. PHILLIP  
Address 1535 16TH TER.  
City-State-Zip: HOMESTEAD FL 33030

Title BOARD MEMBER  
Name BARRETO, MANUEL  
Address 2242 SW 11 TERRACE  
City-State-Zip: MIAMI FL 33135

*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: MICHAEL GROSS**

**PRESIDENT**

**02/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date