

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003009

**Entity Name:** CHILDREN'S HEARTLINK, CORPORATION**Current Principal Place of Business:**5075 ARCADIA AVE  
MINNEAPOLIS, MN 55436**Current Mailing Address:**5075 ARCADIA AVENUE  
MINNEAPOLIS, MN 55436 US**FEI Number: 41-1307457****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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:** BILL HAVRE, SECRETARY

04/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	BOUCHER, JACKIE
Address	5075 ARCADIA AVE
City-State-Zip:	MINNEAPOLIS MN 55436

Title	TREASURER
Name	STONEKING, PATRICK
Address	5075 ARCADIA AVE
City-State-Zip:	MINNEAPOLIS MN 55436

Title	SECRETARY
Name	CODATY, ANU
Address	5075 ARCADIA AVE
City-State-Zip:	MINNEAPOLIS MN 55436

Title	DIRECTOR
Name	EVANSON, JEFF
Address	5075 ARCADIA AVE
City-State-Zip:	MINNEAPOLIS MN 55436

Title	CHAIR
Name	ARMITAGE, TOM
Address	5075 ARCADIA AVE
City-State-Zip:	MINNEAPOLIS MN 55436

Title	VICE CHAIR
Name	LYNCH, TARYN
Address	5075 ARCADIA AVE
City-State-Zip:	MINNEAPOLIS MN 55436

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:** JACKIE BOUCHER

PRESIDENT

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date