

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 700146

(4)

1. Corporation Name

ROGERS HEART FOUNDATION, INC.



Principal Place of Business

Mailing Address

1200 7TH AVE. N
ST PETERSBURG FL 33705

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ST PETERSBURG FL 33705

3. Date Incorporated or Qualified

11/12/1959

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 2441 5th Avenue North

26 P. O. Box 10517

4. FEI Number

59-0906410

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULLEIT, DONALD
501 1ST AVE NORTH
STE 900
ST PETERSBURG FL 33705

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 617.0502 and 617.1508, 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 617.0503, 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 D
NAME BULLEIT, DON
STREET ADDRESS 501 1ST AVE, #900
CITY - ST - ZIP ST PETERSBURG, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE PD
NAME MARR, NORVAL M.
STREET ADDRESS 1 BEACH DR., S.E.
CITY - ST - ZIP ST. PETERSBURG FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE VD
NAME HOOD, CATHY
STREET ADDRESS 895 CENTRAL AVENUE
CITY - ST - ZIP ST PETERSBURG, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD
NAME MCLEAN, BRENT S.
STREET ADDRESS 111 2ND AVE, NE, #1200
CITY - ST - ZIP ST PETERSBURG, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME BAKER, WILLIA JR
STREET ADDRESS 1200 7TH AVE NORTH
CITY - ST - ZIP ST PETERSBURG FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE SD
NAME MILLER, THOMAS
STREET ADDRESS 234 ESTADO WAY NE
CITY - ST - ZIP ST PETERSBURG FL

6.1 TITLE
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)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

813-321-1775

CR2E037 (12/95)