


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90155 012 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 700146</b>					
1. Corporation Name <b>ROGERS HEART FOUNDATION, INC.</b>					
Principal Place of Business <b>2441 5TH AVENUE NORTH ST PETERSBURG FL 33705 US</b>			Mailing Address <b>2441 5TH AVE NORTH ST PETERSBURG FL 33705 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/12/1959	
22 City & State		27 City & State		4. FEI Number <b>59-0906410</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>BULLEIT, DONALD 501 1ST AVE NORTH STE 900 ST PETERSBURG FL 33705</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 <i>Donald R. Bulleit</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>BULLEIT, DON</b>				
STREET ADDRESS	<b>501 1ST AVE, #900</b>				
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>MARR, NORVAL M.</b>				
STREET ADDRESS	<b>1 BEACH DR., S.E.</b>				
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	<b>DONAHU, BARBARA</b>				
STREET ADDRESS	<b>762 OAK TERRACE NE</b>				
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	<b>MCLEAN, BRENT S.</b>				
STREET ADDRESS	<b>111 2ND AVE, NE, #1200</b>				
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>LACAMERA, FRANK</b>				
STREET ADDRESS	<b>1000 16TH ST NORTH</b>				
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	<b>MILLER, THOMAS</b>				
STREET ADDRESS	<b>234 ESTADO WAY NE</b>				
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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 type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Norval M. Marr* **REQUIRED** *Norval M. Marr* 1-4-99 727-321-1775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)