


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90024 029 \*\*\*\*61.25

<b>DOCUMENT # 700146</b> 1. Entity Name <b>ROGERS HEART FOUNDATION, INC.</b>					
Principal Place of Business <b>1950 FIRST AVE N #219 SAINT PETERSBURG FL 33713 US</b>			Mailing Address <b>1950 FIRST AVE N #219 SAINT PETERSBURG FL 33713 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0906410</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BULLEIT, DONALD 501 1ST AVE NORTH STE 900 ST PETERSBURG FL 33705</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULLEIT, DON		NAME		
STREET ADDRESS	501 1ST AVE, #900		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Board Member (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARR, NORVAL M.		NAME	→	
STREET ADDRESS	1 BEACH DR., S.E.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	President (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACAMERA, FRANK JR		NAME	→	
STREET ADDRESS	1601 SERPENTINE DR S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33712		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCLEAN, BRENT S.		NAME	Robert Siver	
STREET ADDRESS	111 2ND AVE, NE, #1200		STREET ADDRESS	114 Giralda Blvd. NE	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTLAND, ARDITH		NAME		
STREET ADDRESS	501 COFFEE POT RIVIERA NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33704		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD + TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, THOMAS		NAME	→	
STREET ADDRESS	234 ESTADO WAY NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Frank LaCamera Jr. FRANK LACAMERA JR. 3-2-4 727-820-0991</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					