


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90021 031 ****61.25

DOCUMENT # 700146 1. Entity Name ROGERS HEART FOUNDATION, INC.					
Principal Place of Business 1950 FIRST AVE N #219 SAINT PETERSBURG, FL 33713 US			Mailing Address 1950 FIRST AVE N #219 SAINT PETERSBURG, FL 33713 US		
2. Principal Place of Business - No P.O. Box # 4140-A Fifth Avenue N. Suite, Apt. #, etc. St. Petersburg, FL 33713 City & State		3. Mailing Address 4140-A Fifth Ave. N. Suite, Apt. #, etc. St. Petersburg FL City & State 33713 Zip 33713 Country USA		01092008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-0906410 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BULLEIT, DONALD 501 1ST AVE NORTH STE 900 ST PETERSBURG, FL 33705			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLEIT, DON 501 1ST AVE, #900 ST PETERSBURG, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARR, NORVAL M. 1 BEACH DR., S.E. ST. PETERSBURG, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACAMERA, FRANK JR 1601 SERPENTINE DR S SAINT PETERSBURG, FL 33712 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIVER, ROBERT 114 GIRALDA BLVD. NE SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTLAND, ARDITH 501 COFFEE POT RIVIERA NE SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD MILLER, THOMAS 234 ESTADO WAY NE ST PETERSBURG, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>Frank Lacamera, M.D.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-11-08 727-323-5202 Date Daytime Phone #		