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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:26

DOCUMENT # F93000003009 (8)

1. Corporation Name
CHILDREN'S HEART FUND, CORPORATION

Principal Place of Business	Mailing Address
801 EAST 26TH STREET MINNEAPOLIS MN 55407	800 E 28TH ST MINNEAPOLIS MN 55407 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1993
3a. Date of Last Report: 03/30/1994
4. FEI Number: 41-1307457 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 5075 Arcadia Avenue
22: Suite, Apt. #, etc.
23: City & State: Minneapolis, MN
24: Zip: 55436
25: Country: U.S.A.

2a. Mailing Address
26: 5075 Arcadia Avenue
27: Suite, Apt. #, etc.
28: City & State: Minneapolis, MN
29: Zip: 55436
30: Country: U.S.A.

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KEARNS, CAROL
365 NORTHWEST 95TH AVENUE
FORT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDREAS, DAVID L	1.2 NAME	
STREET ADDRESS	75 SOUTH 5TH STREET, TENTH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	BUSCH, KEVIN M	2.2 NAME	Busch, Kevin M.
STREET ADDRESS	3800 IDS CENTER, 80 SOUTH 8TH STREET	2.3 STREET ADDRESS	4800 Norwest Center
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	Minneapolis, MN 55402
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, LEE D.D.S.	3.2 NAME	
STREET ADDRESS	7373 FRANCE AVENUE SOUTH, SUITE 412	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	P ☒ Change ☐ Addition
NAME	FISK, RICK	4.2 NAME	Susan Basil King
STREET ADDRESS	800 E 28TH ST	4.3 STREET ADDRESS	5075 Arcadia Avenue
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP	Minneapolis, MN 55436
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Susan Basil King — Susan Basil King — 3-13-95 — (612) 928-4860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074500