

# 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 # F93000003009**  
1. Corporation Name

**CHILDREN'S HEARTLINK**

Principal Place of Business Mailing Address  
**5075 Arcadia Ave.** **5075 Arcadia Ave.**  
**Minneapolis, MN 55436** **Minneapolis, MN 55436**

3. Date Incorporated or Qualified **6/30/1993** 3a. Date of Last Report **3/22/1995**  
4. FEI Number **41-1307457** 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

2. Principal Place of Business (same) 2a. Mailing Address (same)  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country  
24 25 29 30

## 9. Name and Address of Current Registered Agent

**Carol Kearns**  
**365 Northwest 95th Ave.**  
**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 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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	Andreas, David L.	
STREET ADDRESS	75 South 5th St., Tenth Floor	
CITY-ST-ZIP	Minneapolis, MN 55402	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Busch, Kevin M.	
STREET ADDRESS	4800 Norwest Center	
CITY-ST-ZIP	Minneapolis, MN 55402	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	Chapman, Lee	
STREET ADDRESS	7373 France Ave. So., Suite 412	
CITY-ST-ZIP	Edina, MN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	Susan Basil King	
STREET ADDRESS	5075 Arcadia Avenue	
CITY-ST-ZIP	Minneapolis, MN 55436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Andreas, David L.	
1.3 STREET ADDRESS	National City Bank/ 1 Nicollet Mall	
1.4 CITY-ST-ZIP	Minneapolis, MN 55402	
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	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Keller, Thomas	
3.3 STREET ADDRESS	4800 Norwest Center	
3.4 CITY-ST-ZIP	Minneapolis, MN 55402	
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		

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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 on an attachment with an address.

## SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

612-928-4860

Daytime Phone #

CR2E037 (12/95)