

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90003 041 \*\*\*\*61.25

**DOCUMENT # N00000007190**

1. Entity Name  
SISTERS OF THE HEART, INC.



Principal Place of Business  
536 BILTMORE WAY  
CORAL GABLES, FL 33134

Mailing Address  
536 BILTMORE WAY  
CORAL GABLES, FL 33134

54055960



2. Principal Place of Business  
25 SE 2nd Avenue

3. Mailing Address  
25 SE 2nd Avenue

Suite, Apt. #, etc.  
Suite 1242

Suite, Apt. #, etc.  
Suite 1242

03212003 Chg-NP CR2E037 (10/03)

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number  
65-1053760

Applied For  
Not Applicable

Zip 33131 Country USA

Zip 33131 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROQUE, SUSANA RICE  
C/O CUEVAS & RUBIN, P.A.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Susana Rice Roque  
Street Address (P.O. Box Number is Not Acceptable): 25 SE 2nd Avenue, Suite 1242  
City: Miami FL Zip Code: 33131

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: *[Signature]* SECRETARY/TREAS 5-26-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RIPPINGILLE, BONIE  
STREET ADDRESS 175 NW 1ST AVE, ROOM 235  
CITY-ST-ZIP MIAMI, FL 33128 ☐ Delete

TITLE ST  
NAME ROQUE, SUSANA RICE  
STREET ADDRESS 536 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE VD  
NAME JACKSON, COLLETE M  
STREET ADDRESS C/O C.L.T. COURTHOUSE CTR., 175 NW 1ST AVE  
CITY-ST-ZIP MIAMI, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President  
NAME Bonnie Rippingille ☒ Change ☐ Addition  
STREET ADDRESS 175 NW 1st Ave, Rm. 235  
CITY-ST-ZIP Miami, FL 33128

TITLE S,T  
NAME Susana Rice Roque ☒ Change ☐ Addition  
STREET ADDRESS 25 SE 2nd Avenue, Suite 1242  
CITY-ST-ZIP Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *[Signature]* SUSANA RICE ROQUE 5-26-04 (305) 374-217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #