

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000007190	
1. Entity Name SISTERS OF THE HEART, INC.	



Principal Place of Business 25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131	Mailing Address 25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1053760	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ROQUE, SUSANA RICE  
25 SE 2ND AVENUE  
STE 1242  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of requesting agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RIPPINGILLE, BONIE 175 NW 1ST AVE, ROOM 235 MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROQUE, SUSANA RICE 25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JACKSON, COLLETE M C/O C.L.T. COURTHOUSE CTR, 175 NW 1ST AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000216651  
02/05/05-80056-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: SUSANA RICE ROQUE 1/19/2005 (305)374-2477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Anytime after filing)