

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90059 039 ****61.25

DOCUMENT # N01000000652

1. Entity Name

BLUE HEART SCHOOL, INC.



Principal Place of Business

7315 1ST AVENUE WEST
BRADENTON FL 34209

Mailing Address

27820 67TH AVENUE EAST
MYAKKA CITY FL 34251-9448

34049462



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1071925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROHL, CHAD E
27820 67TH AVENUE EAST
MYAKKA CITY FL 34251-9448

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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 | <input type="checkbox"/> Delete |
| NAME | EDWARD ROHL, CHAD | |
| STREET ADDRESS | 27820 67TH AVE E | |
| CITY-ST-ZIP | MYAKKA CITY FL 34251 | |
| TITLE | VPTD | <input type="checkbox"/> Delete |
| NAME | CASTNER ROHL, MICHELLE | |
| STREET ADDRESS | 27820 67TH AVENUE EAST | |
| CITY-ST-ZIP | MYAKKA CITY FL 34251 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DAVENPORT ROHL, MELISSA | |
| STREET ADDRESS | 756 TROJAN RD | |
| CITY-ST-ZIP | VENICE FL 34293 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LUDWRG CASTNER, GRETCHER | |
| STREET ADDRESS | 2048 CLEMATT'S STREET | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROHAN SYLVESTER, KIMBERLY | |
| STREET ADDRESS | 9927 FRUITVILLE RD | |
| CITY-ST-ZIP | SARASOTA FL 34240 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ATTENBERND, GREG | |
| STREET ADDRESS | 3403 CAMBRIDGE DR W | |
| CITY-ST-ZIP | BRADENTON FL 34203 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mary Maxwell | |
| STREET ADDRESS | 1111 86th Street W | |
| CITY-ST-ZIP | Bradenton, FL 34205 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Michelle C. Rohe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2004 941-322-9226

Date

Daytime Phone #