


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

3/3/2004-90007-036-\$61.25-\$61.25

DOCUMENT # N01000000653 1. Entity Name BLUE HEART SANCTUARY, INC.						FILED 04 MAR 25 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 27820 67TH AVENUE EAST MYAKKA CITY FL 34251-9448				Mailing Address 27820 67TH AVENUE EAST MYAKKA CITY FL 34251-9448			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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			
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.				4. FEI Number 65-1071949			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State				10. OFFICERS AND DIRECTORS			
TITLE VPT <input type="checkbox"/> Delete				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
NAME ROHL, CHAD E				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 27820 67TH AVENUE EAST				NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP MYAKKA CITY FL 34251				STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE P <input type="checkbox"/> Delete				NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ROHL, MICHELL C				STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 27820 67TH AVENUE EAST				CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP MYAKKA CITY FL 34251				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D <input type="checkbox"/> Delete				NAME Rohl, Melissa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ROHL, MELISSA				STREET ADDRESS 756 Trojan Road			
STREET ADDRESS 756 TROJAN ROAD				CITY-ST-ZIP Venice, FL 34293			
CITY-ST-ZIP MYAKKA CITY FL 34251				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE S <input type="checkbox"/> Delete				NAME Castner, Gretchen			
NAME CASTRE, GRETCHEN				STREET ADDRESS 2048 Clematis Street			
STREET ADDRESS 2048 CLEMENTS ST				CITY-ST-ZIP Sarasota, FL 34239			
CITY-ST-ZIP SARASOTA FL 34239				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D <input type="checkbox"/> Delete				NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME SUTTON, JOLENE				STREET ADDRESS Thompson, Diane D			
STREET ADDRESS 24704 49TH AVE E				CITY-ST-ZIP 3471 E Scarlet Oak Ct			
CITY-ST-ZIP MYAKKA CITY FL 34251				CITY-ST-ZIP Sarasota, FL 34232			
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: <u>Michelle C. Rohl</u> <u>Michelle C. Rohl President</u> <u>7/28/04</u> <u>941-322-8226</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>							

T. Lewis 3/25/04