

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000653

FILED
Apr 18, 2005
Secretary of State

Entity Name: BLUE HEART SANCTUARY, INC.

Current Principal Place of Business:

27820 67TH AVENUE EAST
MYAKKA CITY, FL 342519448

New Principal Place of Business:

Current Mailing Address:

27820 67TH AVENUE EAST
MYAKKA CITY, FL 342519448

New Mailing Address:

FEI Number: 65-1071949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROHL, CHAD E
27820 67TH AVENUE EAST
MYAKKA CITY, FL 342519448 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPT () Delete
Name: ROHL, CHAD E
Address: 27820 67TH AVENUE EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: P () Delete
Name: ROHL, MICHELL C
Address: 27820 67TH AVENUE EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: S () Delete
Name: ROHL, MELISSA
Address: 756 TROJAN ROAD
City-St-Zip: VENICE, FL 34239

Title: S () Delete
Name: CASTNER, GRETCHEN
Address: 2048 CLEMENTS ST
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: SUTTON, JOLENE
Address: 24704 49TH AVE E
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: THOMPSON, DIANE D
Address: 3471 E. SCARIET OAK CT.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE C. ROHL

PRES

04/18/2005

Electronic Signature of Signing Officer or Director

Date