

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005161

FILED  
Mar 11, 2005  
Secretary of State

Entity Name: FOSTER HEART LINK INC.

## Current Principal Place of Business:

980 EDEN ISLE DR NE  
ST PETERSBURG, FL 33704

## New Principal Place of Business:

980 EDEN ISLE DR NE  
ST PETERSBURG, FL 33704 US

## Current Mailing Address:

980 EDEN ISLE DR NE  
ST PETERSBURG, FL 33704

## New Mailing Address:

980 EDEN ISLE DR NE  
ST PETERSBURG, FL 33704 US

FEI Number: 20-1137668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEBERG, PATTIE  
980 EDEN ISLE DR NE  
ST PETERSBURG, FL 33704 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: D ( ) Delete  
Name: CLEBERG, PATTIE  
Address: 980 EDEN ISLE DR NE  
City-St-Zip: ST PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: MARSHALL, BRIE  
Address: 1513 56 AVE N  
City-St-Zip: ST PETERSBURG, FL 33703

Title: D ( ) Delete  
Name: BEATON, GAYLE  
Address: 5514 7 AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CLEBERG, PATTIE  
Address: 980 EDEN ISLE DR NE  
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: D (X) Change ( ) Addition  
Name: MARSHALL, BRIE  
Address: 1513 56 AVE N  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: D (X) Change ( ) Addition  
Name: BEATON, GAYLE  
Address: 5514 7 AVE N  
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: D ( ) Change (X) Addition  
Name: MORALES, RAFAEL  
Address: 3612 PINE CONE CIRCLE  
City-St-Zip: CLEARWATER, FL 33760 US

Title: D ( ) Change (X) Addition  
Name: TEEL, TOM  
Address: 1125 ALCAZAR WAY S.  
City-St-Zip: ST. PETERSBURG, FL 33705 US

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: PATTIE CLEBERG

D

03/11/2005

Electronic Signature of Signing Officer or Director

Date