

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006347

FILED
May 05, 2005
Secretary of State

Entity Name: JAMAICAN CHILDREN'S HEART FUND INC.

Current Principal Place of Business:

3435 HAYES STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

1150 NW 35TH AVENUE
SUITE 575
HOLLYWOOD, FL 33021

Current Mailing Address:

3435 HAYES STREET
HOLLYWOOD, FL 33021

New Mailing Address:

P.O. BOX 820716
SOUTH FLORIDA, FL 330820716 US

FEI Number: 20-1291129 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRANT, GWENDOLYN P MRS
1371 BAYVIEW CIRCLE
WESTON, FL 33326 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: CHAI () Delete
Name: PERRYMAN, RICHARD A DR
Address: 982 SANIBEL DRIVE
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: VCHA () Delete
Name: LAVANDOSKY, GERALD DR
Address: 12500 SW 34 PLACE
City-St-Zip: DAVIE, FL 33330 US

Title: DIR () Delete
Name: YAP, PATRICIA DR
Address: C/O 982 SANIBEL DRIVE
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: DIR () Delete
Name: INNIS, LAMBERT DR
Address: C/O 982 SANIBEL DRIVE
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: DIR () Delete
Name: MCGLASHAN, RUDOLPH
Address: 1101 BRICKELL AVENUE, SUITE 1000N
City-St-Zip: MIAMI, FL 33131 US

Title: DIR () Delete
Name: GRANT, GWENDOLYN
Address: 1371 BAYVIEW CIRCLE
City-St-Zip: WESTON, FL 33326 US

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: GWENDOLYN P. GRANT

DIR

05/05/2005

Electronic Signature of Signing Officer or Director

Date