2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N07000005811

Entity Name: TANZANIAN CARDIAC HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

3366 SE EAST SNOW ROAD
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

3366 SE EAST SNOW ROAD
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 26-0344207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

W. MORGAN SPEER, P.A.
1800 AUSTRALIAN AVENUE SOUTH
SUITE 100
WEST PALM BEACH, FL 33409 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:	PRES	( ) Delete
Name:	LANG, ROBERT C	
Address:	592 SW ST. JOHNS BAY	
City-St-Zip:	PORT ST. LUCIE, FL 34984 US	
Title:	TRES	( ) Delete
Name:	D'ANGELO, MICHAEL E	
Address:	3366 SE EAST SNOW ROAD	
City-St-Zip:	PORT ST. LUCIE, FL 34984 US	
Title:	SEC.	( ) Delete
Name:	D'ANGELO, CAROL A	
Address:	3366 SE EAST SNOW ROAD	
City-St-Zip:	PORT ST. LUCIE, FL 34984 US	
Title:	DIR.	( ) Delete
Name:	MLAY, MARK REV.	
Address:	401 S. 33RD STREET	
City-St-Zip:	FORT PIERCE, FL 34947 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
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL A. D'ANGELO SEC. 01/25/2009

Electronic Signature of Signing Officer or Director — Date