

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2011
Secretary of State

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
Name: LAUGHLIN, EDWARD
Address: 1118 SW FOREST HILL COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: TRES
Name: D'ANGELO, MICHAEL E
Address: 3366 SE EAST SNOW ROAD
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: SEC.
Name: D'ANGELO, CAROL A
Address: 3366 SE EAST SNOW ROAD
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: DIR.
Name: MLAY, MARK REV.
Address: 401 S. 33RD STREET
City-St-Zip: FORT PIERCE, FL 34947 US

Title: DIR.
Name: LANG, ROBERT C
Address: 592 SW ST. JOHNS BAY
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: CAROL A. D'ANGELO

SEC

01/10/2011

Electronic Signature of Signing Officer or Director

Date