2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90181 047 ****70.00

DOCUMENT # N42354

1. Entity Name
DR. BRUCE HEIKEN MEMORIAL FUND, INC.

50023553

Principal Place of Business	Mailing Address
10300 SUNSET DR STE 303 MIAMI, FL 33173 US	10300 SUNSET DR STE 303 MIAMI, FL 33173 US

03022005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0273018
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUNDL, JOANNE DR
377 NO KROME AVE
HOMESTEAD, FL 33030

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRIS, STEPHEN O
STREET ADDRESS	8420 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	CHERDACK, MELANIE
STREET ADDRESS	1541 BRICKELL AVE. #1502
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VD
NAME	STERN, SIDNEY
STREET ADDRESS	8746 SUNSET DR.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	KUNDL, JOANNE DR
STREET ADDRESS	377 NO KROME AVE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	T
NAME	HEIKEN, ROSALYN
STREET ADDRESS	7400 SW 131 STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JJ Kundl 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #