

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90998 035 \*\*\*\*61.25

**DOCUMENT # N44707**

1. Entity Name  
CHILDREN'S CARDIAC RESEARCH FOUNDATION, INC.



Principal Place of Business  
10800 CYPRESS GLEN DRIVE  
CORAL SPRINGS, FL 33071 US

Mailing Address  
10800 CYPRESS GLEN DRIVE  
CORAL SPRINGS, FL 33071 US



04292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0282025

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KESSLER, ANDREA  
633 S ANDREWS AVE  
3RD FLOOR  
FORT LAUDERDALE, FL 33302

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | D                        |
| NAME           | GRASCH, BARBARA          |
| STREET ADDRESS | 10800 CYPRESS GLEN DRIVE |
| CITY-ST-ZIP    | CORAL SPRINGS, FL        |
| TITLE          | DV                       |
| NAME           | O'CONNOR, CATHERINE      |
| STREET ADDRESS | 8190 NW 47 DRIVE         |
| CITY-ST-ZIP    | CORAL SPRINGS, FL        |
| TITLE          | DD                       |
| NAME           | JORDAN, THOMAS F.        |
| STREET ADDRESS | 412 SE 26 AVENUE         |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL      |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

**DO NOT WRITE  
IN THIS SPACE**

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: Thomas F. Jordan April 29 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #