

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90497 022 ****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**

20053779



04292005 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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GRASCH, BARBARA
10800 CYPRESS GLEN DRIVE
CORAL SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
O'CONNOR, CATHERINE
8190 NW 47 DRIVE
CORAL SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DD
JORDAN, THOMAS F.
412 SE 26 AVENUE
FORT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #