

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

05-02-2005 90497 022 \*\*\*\*61.25

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

**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 \_\_\_\_\_ 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	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 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #