2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N44707

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

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

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03092006 No Chg-NP CR2E037 (11/05)

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

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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, 2006

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

000001046[illegible]
03/22/06-81055-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRASCH, BARBARA
STREET ADDRESS	10600 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	
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 exemptions contained in Chapter 119, 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 Jordan Mar 10, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #