FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:03

DOCUMENT # N46119 (6)

1. Corporation Name
SARASOTA HEART FOUNDATION, INC.

Principal Place of Business	Mailing Address
1540 S. TAMIAMI TRAIL SARASOTA FL 34239	1540 S. TAMIAMI TRAIL SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1991
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0293169 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $60.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C. TED FRENCH, ESQUIRE
1750 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 2-28-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ANGELOTTI, RICHARD	1.2 NAME	ANGELOTTI, RICHARD	
STREET ADDRESS	BANK OF BOSTON, 2032 MAIN STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SORAN, SUZANN	2.2 NAME		
STREET ADDRESS	403 MEADOWLARK DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	NATARAJAN, PONNUSWAMY	3.2 NAME		
STREET ADDRESS	1540 S. TAMIAMI TRAIL	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	HOLEC, ANITA	4.2 NAME	HOLEC, ANITA (DELETE)	
STREET ADDRESS	1708 CASEY KEY RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LISS, GEOFFREY B.	5.2 NAME		
STREET ADDRESS	1540 S. TAMIAMI TRAIL	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	C	☒ Change ☐ Addition
NAME	FRENCH, C. TED	6.2 NAME	FRENCH, C. TED	
STREET ADDRESS	1750 RINGLING BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or is an attachment with an address.

SIGNATURE: [signature] 2-28-95 813-366-4680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010020