

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46119** (6)  
1. Corporation Name  
**SARASOTA HEART FOUNDATION, INC.**



Principal Place of Business <b>1540 S. TAMiami TRAIL SARASOTA FL 34239</b>	Mailing Address <b>1540 S. TAMiami TRAIL SARASOTA FL 34239</b>
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3. Date Incorporated or Qualified <b>11/19/1991</b>	
4. FEI Number <b>65-0293169</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>C. TED FRENCH, ESQUIRE 1750 RINGLING BLVD. SARASOTA FL 34238</b>	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE D	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WINDOM, ROBERT</b>	1.2 NAME	<b>William McHale</b>
STREET ADDRESS	<b>1562 S DR</b>	1.3 STREET ADDRESS	<b>5772 Forester Pond Ave.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>Sarasota, FL 34243</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SORAN, SUZANN</b>	2.2 NAME	<b>George Synder</b>
STREET ADDRESS	<b>403 MEADOWLARK DR.</b>	2.3 STREET ADDRESS	<b>157 Sorrento Park Dr.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>Blowing Rock, NC and Sarasota, FL</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NATARAJAN, PONNUSWAMY</b>	3.2 NAME	<b>Margarette Rodgers</b>
STREET ADDRESS	<b>1540 S. TAMiami TRAIL</b>	3.3 STREET ADDRESS	<b>4570 Woodside Rd.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	<b>Sarasota, FL</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISS, GEOFFREY B.</b>	4.2 NAME	
STREET ADDRESS	<b>1540 S. TAMiami TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, C. TED</b>	5.2 NAME	
STREET ADDRESS	<b>1750 RINGLING BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNOLD, PATRICK L</b>	6.2 NAME	
STREET ADDRESS	<b>1ST STATE BANK 2323 STICKNEY PT RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	6.4 CITY-ST-ZIP	

14. 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 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, on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)