

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90171 019 \*\*\*\*61.25

**DOCUMENT # N96000001289**

1. Entity Name

**THE FOUNDATION OF THE FLORIDA CHAPTER OF THE  
AMERICAN COLLEGE OF CARDIOLOGY, INC.**



Principal Place of Business

6800 N. DALE MABRY  
SUITE 186  
TAMPA FL 33614

Mailing Address

6800 N. DALE MABRY  
SUITE 186  
TAMPA FL 33614

**20046782**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

**2607 EDGEWATER DR**

3. Mailing Address

**2607 EDGEWATER DR**

Suite, Apt. #, etc.

**#319**

Suite, Apt. #, etc.

**#319**

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

4. FEI Number

**59-3389647**

Applied For

Not Applicable

Zip

**32804**

Country

**USA**

Zip

**32804**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MICK, WIL  
6800 N. DALE MABRY  
SUITE 186  
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name **JENNIFER RAY BECKMAN**

Street Address (P.O. Box Number is Not Acceptable)

**2607 EDGEWATER DR, #319**

City **ORLANDO**

FL

Zip Code

**32804**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PEPINE, CARL J M.R.	
STREET ADDRESS	1600 ARCHER RD	
CITY-ST-ZIP	GAINESVILLE FL 32610	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAISER, GERARD A M.R.	
STREET ADDRESS	P.O. BOX 016960 N/A	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOCERO, MICHAEL A M.D.	
STREET ADDRESS	500 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTOSH, HENRY D M.D.	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	MICK, WIL	
STREET ADDRESS	6800 N DALE MABRY #186	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>PREL DIRECTOR</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER RAY BECKMAN	
STREET ADDRESS	2607 EDGEWATER DR #319	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**418-05**

Date

**877-7938171**

Daytime Phone #