

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90232 010 ****61.25

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04242007 Chg-NP CR2E037 (12/06)

DOCUMENT # N96000001289 1. Entity Name THE FOUNDATION OF THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF CARDIOLOGY, INC.					
Principal Place of Business 2607 EDGEWATER DR # 319 ORLANDO, FL 32804			Mailing Address 2607 EDGEWATER DR # 319 ORLANDO, FL 32804		
2. Principal Place of Business - No P.O. Box # 3208 E. COLONIAL DR Suite, Apt. #, etc. STE 264		3. Mailing Address 3208 E. COLONIAL DR Suite, Apt. #, etc. STE 264			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32803	Country USA	Zip 32803	Country USA	4. FEI Number 59-3389647	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BECKMAN, JENNIFER R 2607 EDGEWATER DR # 319 ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name JENNIFER RAY BECKMAN Street Address (P.O. Box Number is Not Acceptable) 3208 E COLONIAL DR STE 264 City ORLANDO FL Zip Code 32803		
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 JR BECKMAN 9/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MONTALVO, ALBERTO E M.D. 316 MANATEE AVE BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CONTI, RICHARD 1600 SW ARCHER RD BOX 100277 GAINESVILLE, FL 32610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NOCERO, MICHAEL A M.D. 500 E. COLONIAL DRIVE ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DOTY, DANIEL W 2011 WHALEY AVE PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input type="checkbox"/> Delete BELINAN, JENNIFER RAY 2607 EDGEWATER DR, # 319 ORLANDO, FL 32804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JENNIFER RAY BECKMAN 3208 E COLONIAL DR STE 264 ORLANDO FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: JR BECKMAN 9/29/07 57793871 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					