

BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 21 PM 2:48

SECRETARY OF STATE



0013309

DOCUMENT # N97000000421 (4)

1. Corporation Name

THE LISTENING HEART FOUNDATION, INC.

Principal Place of Business

Mailing Address

20875 NW 22ND AVENUE
#201
MIAMI FL 33056

P.O. BOX 381471
MIAMI FL 33238-1471

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

65-076 0382

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 855 NW 155 Lane

26 Suite, Apt. #, etc.

22 #106

27 Suite, Apt. #, etc.

City & State

City & State

23 Miami, Florida

28 City & State

Zip

Country

Zip

Country

24 33169-6156 25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, DEBRA
2864 N.W. 191ST TERRACE
MIAMI FL 33055

81 Name

Austin, Debra

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

83

855 NW 155 Lane, Apt #106

84 City

Miami

FL

85 Zip Code

33169-6156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME AUSTIN, DEBRA
STREET ADDRESS 2864 N.W. 191ST TERRACE
CITY-ST-ZIP MIAMI FL 33055

TITLE DV ☒ DELETE

NAME CORBETT, JAMES M
STREET ADDRESS 2419 N.W. 94ST STREET
CITY-ST-ZIP MIAMI FL

TITLE DS ☐ DELETE

NAME GARNER, SHENYETTA K
STREET ADDRESS 2864 N.W. 191ST TERRACE
CITY-ST-ZIP MIAMI FL 33055

TITLE DT ☐ DELETE

NAME CASTANEDAS, FERMIN REV
STREET ADDRESS 1610 BAY ROAD, APT. #2
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Austin, Debra (D) ☒ Change ☐ Addition

1.2 NAME 855 NW 155 Lane, #106
1.3 STREET ADDRESS Miami, FL 33169-6156

1.4 CITY-ST-ZIP

2.1 TITLE Delancy, Agnetta (DV) ☒ Change ☒ Addition

2.2 NAME 1874 NW 53 Street
2.3 STREET ADDRESS Miami, FL 33142

2.4 CITY-ST-ZIP

3.1 TITLE Garner, Shenyetta (DS) ☒ Change ☐ Addition

3.2 NAME 855 NW 155 Lane, #106
3.3 STREET ADDRESS Miami, FL 33169-6156

3.4 CITY-ST-ZIP

4.1 TITLE Castanedas, Fermin (DT) ☒ Change ☐ Addition

4.2 NAME 1601 Bay Road, Apt. #2
4.3 STREET ADDRESS Miami Beach, FL 33139

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 800002675188-5

5.3 STREET ADDRESS -10/28/98-01087-032

5.4 CITY-ST-ZIP *****70.00 *****70.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, or on an attachment with an address.

SIGNATURE: Debra Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/98

Date

305-688-2153

Daytime Phone #

CR2E037 (5/98)