

NONPROFIT CORPORATION
ANNUAL REPORT

2000 ~~1999~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 2:24

DOCUMENT # N97000000421

1. Corporation Name

THE LISTENING HEART FOUNDATION, INC.

Principal Place of Business

855 NW 155 LANE
#106
MIAMI FL 33169-6156

Mailing Address

P.O. BOX 381471
MIAMI FL 33238-1471



2. Principal Place of Business

2a. Mailing Address

26 855 NW 155th Lane

3. Date Incorporated or Qualified

01/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 #106

4. FEI Number

65-0760382

Applied For

Not Applicable

City & State

City & State

28 Miami, FL

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

29 33169-6156 30

USA

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, DEBRA
855 NW 155 LANE
#106
MIAMI FL 33169-6156

81 Name

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

83

84 City

FL

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

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 D ☐ DELETE
NAME AUSTIN, DEBRA
STREET ADDRESS 855 NW 155 LANE
CITY-ST-ZIP MIAMI FL 33169-6156

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME GARNER, SHENYETTA K
STREET ADDRESS 855 NW 155 LANE
CITY-ST-ZIP MIAMI FL 33169-6156

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME DS Myra Rambo
2.3 STREET ADDRESS 10850 SW 154 St.
2.4 CITY-ST-ZIP Miami, FL 33157

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 300003440609--1
3.4 CITY-ST-ZIP -10/26/00--01066--015
*****70.00 *****70.00

TITLE DV ☐ DELETE
NAME DELANCY, AGNETTA
STREET ADDRESS 1874 NW 53 STREET
CITY-ST-ZIP MIAMI FL 33142

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DV Shenyetta K. Garner
4.3 STREET ADDRESS 855 NW 155th Lane, #106
4.4 CITY-ST-ZIP Miami, FL 33169-6156

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Agnetta Delancy
5.3 STREET ADDRESS 1874 NW 53rd Street
5.4 CITY-ST-ZIP Miami, FL 33142

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Debra Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 13, 2000
Date

(305) 953-1888
Daytime Phone #