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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700000421 1. Entity Name

THE LISTENING HEART FOUNDATION, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90811 032 ****70.00

| Principal Place of Business | | Mailing Address | | | | | | |
|--|--|---|--|---|---|------------|------------|--|
| 8413' N'ARMENIÀ AVE 928' TAMPA (FL) 33804 | | 8413 N ARMENIA AVE 928 Tampa Fl 33604 | | | B0126668 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | 4. FEI Number | 4. FEI Number 65-0760382 Applied For Not Applieable | | | |
| Zip Country | | Zip | Zip Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| ار بيهاماً واليجلسان. الرابيهاماً واليجلسان | And the state of t | | | Name | | | | |
| AUSTIN, DEBRA | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 8413 N ARMENIA AVE | | | | | *** | | | |
| 728 : TAMPA FL 33604 | | | City | 1 | FL | Zip Cod | e | |
| 8. The above | named entity submits this statement for | the purpose of changing its r | egistered office o | r registered agent, or both, in | the state of Florida. | <u> </u> | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing | | | | | | | | |
| 10. | OFFICERS AND DIRE | CTORS | 11. | ADDITIONS/CHANGE | S TO OFFICERS AND DI | RECTORS IN | 110 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AUSTIN, DEBRA 8413 N ARMENIA AVE # 928 TAMPA FL 33604 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Daniel Barcell 3315 W. Sevillo Tampa, FL 336 | o (D) | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RAMBO, MYRA 10850 SW 154 ST MIAMI FL 33157 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Versy James | (D) Street | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BOWERS, SHARON 5830 RAMBLER WAY WEST PALM BEACH FL 33415 | ☐ Delete | TITLE "NAME STREET ADDRESS CITY-ST-ZIP | Tampa, FL 336 Edwin Carroll 1115 E. Hillsbon Tampa, FL 336 | ough Ave. 04 | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Garner, Shenyetta K 855 NW 155Th Lane #106 Miami Fl 33169-6156 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD DELANCY, AGNETTA 1874 NW 53RD ST MIAMI FL 33142 | ∠ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D) Joel Barnum 4008 E. Henry Tampa, FL 330 | Ave | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS | D MITCHELL, NANCY 10423 OAKBROOK DRIVE | ☐ Delete | TITLE NAME STREET ADDRESS | | ·• | ☐ Change | ☐ Addition | |

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: