

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005811

Entity Name: TANZANIAN CARDIAC HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**516 SE MONET DRIVE
PORT SAINT LUCIE, FL 34984**Current Mailing Address:**516 SE MONET DRIVE
PORT SAINT LUCIE, FL 34984 US**FEI Number:** 26-0344207**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**W. MORGAN SPEER, P.A.
1800 AUSTRALIAN AVENUE SOUTH
SUITE 100
WEST PALM BEACH, FL 33409 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TRES
Name	D'ANGELO, MICHAEL E
Address	516 SE MONET DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34984

Title	DIR.
Name	MLAY, MARK REV.
Address	821 PROSPERITY FARMS ROAD
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR
Name	MINDE, JOHN REV.
Address	1200 SE 10TH STREET
City-State-Zip:	STUART FL 34996

Title	PRESIDENT, SECRETARY
Name	D'ANGELO, CAROL A
Address	516 SE MONET DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34984

Title	VP
Name	ANTEDOMENICO, JOHN
Address	37 RIDGEWOOD CIRCLE
City-State-Zip:	TEQUESTA FL 33469

Title	DIRECTOR
Name	OSWIECINSKI, NICHOLINA R
Address	P.O. BOX 882264
City-State-Zip:	PORT ST. LUCIE FL 34988

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL A. D'ANGELO

TCHF, PRESIDENT

01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date