

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005811

Entity Name: TANZANIAN CARDIAC HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**3366 SE EAST SNOW ROAD
PORT SAINT LUCIE, FL 34984**Current Mailing Address:**3366 SE EAST SNOW ROAD
PORT SAINT LUCIE, FL 34984**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 PRES
Name LAUGHLIN, EDWARD
Address 1118 SW FOREST HILL COVE
City-State-Zip: PORT ST. LUCIE FL 34986

Title TRES
Name D'ANGELO, MICHAEL E
Address 3366 SE EAST SNOW ROAD
City-State-Zip: PORT ST. LUCIE FL 34984

Title VP/S
Name D'ANGELO, CAROL A
Address 3366 SE EAST SNOW ROAD
City-State-Zip: PORT ST. LUCIE FL 34984

Title DIR.
Name MLAY, MARK REV.
Address 401 S. 33RD STREET
City-State-Zip: FORT PIERCE FL 34947

Title DIR.
Name GOODNESS, JOHN
Address 5851 MOSS COURT
City-State-Zip: FORT PIERCE FL 34982

Title DIR
Name MERICANTANTE, JOHN REV.
Address 1200 EAST MAIN STREET
City-State-Zip: PAHOKEE FL 33476

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

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**SECRETARY****01/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date