FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:15

DOCUMENT # 764143 (4)

1. Corporation Name

FOR HAITI, WITH LOVE, INC.

Principal Place of Business	Mailing Address
4767 SIMCOE ST PALM HARBOR FL 34683-9129	4767 SIMCOE ST PALM HARBOR FL 34683-9129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2281665 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DEHART, EVA
4767 SIMCOE ST.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DEHART, DONALD	1.2 NAME		
STREET ADDRESS	4767 SIMCOE ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR,FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D.	☒ Change ☐ Addition
NAME	MOONEY, M.D.,JOHN P.	2.2 NAME	WELCH, Rev Scott	
STREET ADDRESS	6200 FITZGERALD RD.	2.3 STREET ADDRESS	2962 KENILWICH DR N.	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	CLEARWATER FL 34621-3316	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	DEHART, EVA	3.2 NAME		
STREET ADDRESS	4767 SIMCOE ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR,FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, MYRTLE	4.2 NAME		
STREET ADDRESS	2815 QUAIL HOLLOW RD E	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ARTHURS, MALCOLM R.	5.2 NAME		
STREET ADDRESS	7 MANSTON GARDENS	5.3 STREET ADDRESS		
CITY-ST-ZIP	LEEDS, ENGLAND	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	JUNGERBERG,	6.2 NAME		
STREET ADDRESS	212 S. MANHATTAN	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Eva DeHart 3-4-95 938-3245
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0088192