

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010237

FILED
Jul 10, 2007
Secretary of State

Entity Name: HELP BRINGS HOPE FOR HAITI, INC.

Current Principal Place of Business:

2617 PROSPECT RD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2617 PROSPECT RD
TAMPA, FL 33629

New Mailing Address:

FEI Number: 30-0218645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BYARS, BARBARA
419 S PALOMA PLACE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDDY, PATRICIA
Address: 2617 PROSPECT RD
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: BYARS, BARBARA A
Address: 419 S PALOMA PL
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: VOILAND, TOM
Address: 4309 W. ZELAR ST
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: SOLOMON, MICHAEL DEACON
Address: 2432 SUNSET DRIVE
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COX, TOM
Address: 12322 WYCLIFF PLACE
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PELOUBET, DREW
Address: 805 S. NEWPORT
City-St-Zip: TAMPA, FL 33606

Title: D () Change (X) Addition
Name: BUTLER, MADELYN M.D.
Address: 5206 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA A. BYARS

D

07/10/2007

Electronic Signature of Signing Officer or Director

Date