

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010656

FILED
Mar 15, 2011
Secretary of State

Entity Name: CARIBBEAN HERITAGE FOUNDATION INC.

Current Principal Place of Business:

5366 MEADOWS EDGE DRIVE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5366 MEADOWS EDGE DRIVE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 27-1400344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWALD, STEVENS
5366 MEADOWS EDGE DR.
LAKE WORTH, FL 33463 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: P
Name: BENOIT, HARIETTE
Address: 5366 MEADOWS EDGE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP
Name: EWALD, STEVENS
Address: 5366 MEADOWS EDGE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: DIR
Name: MICHEL, BENGI
Address: 5366 MEADOWS EDGE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: S
Name: TRICIA, HAMILTON
Address: 5366 MEADOWS EDGE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: T
Name: BEVERLIE, HYACINTHE
Address: 5366 MEADOWS EDGE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: DIR
Name: EWALD, STEVENS
Address: 5366 MEADOWS EDGE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

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: STEVENS EWALD

VP

03/15/2011

Electronic Signature of Signing Officer or Director

Date