

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 06, 1999 8:00 am  
Secretary of State

08-06-1999 90011 046 \*\*\*\*61.25

DOCUMENT # N98000006762

1. Corporation Name

LOVING HANDS MINISTRY OF HAITI, INC.

Principal Place of Business

5168 PINE GROVE DR.  
WEST PALM BEACH FL 33417

Mailing Address

5168 PINE GROVE DR.  
WEST PALM BEACH FL 33417



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

65-0825711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JOSEPH, RENE  
5168 PINE GROVE DR.  
WEST PALM BEACH FL 33417

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
JOSEPH, APOISTLE RENE  
STREET ADDRESS P.O. BOX 18595  
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE ☐ DELETE

NAME D  
MARIE, DORENTIA JEAN  
STREET ADDRESS P.O. BOX 18595  
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE ☐ DELETE

NAME D  
PITT, PASTOR KEVIN  
STREET ADDRESS P.O. BOX 18595  
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D

4.3 STREET ADDRESS Laendre, Jean Rubens

4.4 CITY-ST-ZIP 1616 East Coast Ave.

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D

5.3 STREET ADDRESS Irene, Bruneul

5.4 CITY-ST-ZIP 439 Flagler Blvd.

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP Lake Park FL 33403

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)