

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006762

1. Entity 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

DO NOT WRITE IN THIS SPACE



08172004 No Chg-NP CR2E037 (10/03)

4. FEI Number

65-0875711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, RENE
5161 PINE GROVE DR.
WEST PALM BEACH, FL 33417

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

René Joseph

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

(NOTE: Registered Agent signature required when reinstating)

8-19-04

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D
NAME LAENDRE, JEAN R
STREET ADDRESS 1616 E COAST AVE
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE D
NAME IRENE, BRUNEUL
STREET ADDRESS 439 FLAGLER BLVD
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000170795
08/24/04-80001-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

René Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #