


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000006762 1. Entity Name LOVING HANDS MINISTRY OF HAITI, INC.	
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Principal Place of Business 5168 PINE GROVE DR. WEST PALM BEACH, FL 33417	Mailing Address 5168 PINE GROVE DR. WEST PALM BEACH, FL 33417
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**DO NOT WRITE IN THIS SPACE**



08052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0875711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH, APOISTLE RENE P.O. BOX 18595 WEST PALM BEACH, FL 33416
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARIE, DORENTIA JEAN P.O. BOX 18595 WEST PALM BEACH, FL 33416
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PITT, PASTOR KEVIN P.O. BOX 18595 WEST PALM BEACH, FL 33416
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAENDRE, JEAN R 1616 E COAST AVE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IRENE, BRUNEUL 439 FLAGLER BLVD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. 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.

**DO NOT WRITE  
IN THIS SPACE**

1100000376563  
08/17/05-80002-004 61.25

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: Rene Joseph Date: 8-12-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR