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FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764143** (4)

1. Corporation Name

FOR HAITI, WITH LOVE, INC.



Principal Place of Business 4767 SIMCOE ST PALM HARBOR FL 34683-9129 1/311	Mailing Address 4767 SIMCOE ST PALM HARBOR FL 34683-9129 1/311
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3. Date Incorporated or Qualified

07/13/1982

4. FEI Number

59-2281665

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEHART, EVA
4767 SIMCOE ST.
PALM HARBOR FL 34683

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEHART, DONALD	
STREET ADDRESS	4767 SIMCOE ST	
CITY-ST-ZIP	PALM HARBOR, FL 00000	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS-HUNT, PEGGY	
1.3 STREET ADDRESS	1850 BELLEMEADE DR	
1.4 CITY-ST-ZIP	CLEARWATER FL 33755-2201	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, REV. SCOTT	
STREET ADDRESS	2962 KENILWICH DR N	
CITY-ST-ZIP	CLEARWATER FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PERRINO, DR. F. SCOTT	
2.3 STREET ADDRESS	6101 WEBB RD #204	
2.4 CITY-ST-ZIP	TAMPA FL 33615	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	DEHART, EVA	
STREET ADDRESS	4767 SIMCOE ST	
CITY-ST-ZIP	PALM HARBOR, FL 00000	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, MYRTLE	
STREET ADDRESS	2815 QUAIL HOLLOW RD E	
CITY-ST-ZIP	CLEARWATER FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARTHURS, MALCOLM R.	
STREET ADDRESS	7 MANSTON GARDENS	
CITY-ST-ZIP	LEEDS, ENGLAND	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	JUNGERBERG,	
STREET ADDRESS	212 S. MANHATTAN	
CITY-ST-ZIP	TAMPA FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 in an attachment with an address.

SIGNATURE:

Eva Dehart REQUIRED

1/23/96

813/938-3245

CR2E037 (10/97)