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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 764143

1. Corporation Name

FOR HAITI, WITH LOVE, INC.

Principal Place of Business

4767 SIMCOE ST
PALM HARBOR FL 34683-1311
US

Mailing Address

4767 SIMCOE ST
PALM HARBOR FL 34683-1311
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/13/1982

4. FEI Number

59-2281665

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

DEHART, EVA
4767 SIMCOE ST.
PALM HARBOR FL 34683

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 PD ☐ DELETE
NAME DEHART, DONALD
STREET ADDRESS 4767 SIMCOE ST
CITY-ST-ZIP PALM HARBOR, FL 00000

TITLE D ☐ DELETE
NAME THOMAS-HUNT, PEGGY
STREET ADDRESS 1850 BELLEMEADE DR
CITY-ST-ZIP CLEARWATER FL 33755

TITLE STD ☐ DELETE
NAME DEHART, EVA
STREET ADDRESS 4767 SIMCOE ST
CITY-ST-ZIP PALM HARBOR, FL 00000

TITLE D ☐ DELETE
NAME MURRAY, MYRTLE
STREET ADDRESS 2815 QUAIL HOLLOW RD E
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE
NAME ARTHURS, MALCOLM R.
STREET ADDRESS 7 MANSTON GARDENS
CITY-ST-ZIP LEEDS, ENGLAND

TITLE D ☐ DELETE
NAME JUNGERBERG,
STREET ADDRESS 212 S. MANHATTAN
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Perrino, Dr F. Scott
1.3 STREET ADDRESS 6101 WEBB Rd #204
1.4 CITY-ST-ZIP TAMPA FL 33615

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/25/99

727.938.3245

CR2E037 (11/98)