

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764143

FILED
Jan 26, 2009
Secretary of State

Entity Name: FOR HAITI, WITH LOVE, INC.

Current Principal Place of Business:

4767 SIMCOE ST
PALM HARBOR, FL 346831311 US

New Principal Place of Business:

Current Mailing Address:

4767 SIMCOE ST
PALM HARBOR, FL 346831311 US

New Mailing Address:

FEI Number: 59-2281665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEHART, EVA
4767 SIMCOE ST.
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEVENS, EDWIN III
Address: 4025 CLUSTER DR
City-St-Zip: HOLIDAY, FL 346913509

Title: VPD () Delete
Name: DEHART, ROSELINE
Address: 4767 SIMCOE ST
City-St-Zip: PALM HARBOR, FL 346831311

Title: PSTD () Delete
Name: DEHART, EVA,
Address: 4767 SIMCOE ST
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: PERRINO, SCOTT F DR
Address: 6101 WEBB RD #204
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: ARTHURS, MALCOLM R.,
Address: 7 MANSTON GARDENS
City-St-Zip: LEEDS, ENGLAND,

Title: D () Delete
Name: JUNGERBERG, DENNIS DR.
Address: 212 S. MANHATTAN
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA DEHART

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date