

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764143

Entity Name: FOR HAITI, WITH LOVE, INC.**Current Principal Place of Business:**4767 SIMCOE ST
PALM HARBOR, FL 34683-1311**Current Mailing Address:**4767 SIMCOE ST
PALM HARBOR, FL 34683-1311 US**FEI Number:** 59-2281665**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DEHART, EVA I
4767 SIMCOE ST.
PALM HARBOR, FL 34683 US*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

Officer/Director Detail :

Title	D
Name	STEVENS, EDWIN III
Address	6421 ARBOR DR
City-State-Zip:	NEW PORT RICHEY FL 34655-4101

Title	VPD
Name	DEHART, ROSELINE S
Address	4767 SIMCOE ST
City-State-Zip:	PALM HARBOR FL 34683-1311

Title	PSTD
Name	DEHART, EVA I
Address	4767 SIMCOE ST
City-State-Zip:	PALM HARBOR FL 34683-1311

Title	D
Name	ARTHURS, MALCOLM R
Address	7 MANSTON GARDENS
City-State-Zip:	LEEDS, ENGLAND LS 15

Title	D
Name	JUNGERBERG, DENNIS D
Address	205 N GOMEZ AVE
City-State-Zip:	TAMPA FL 33609-2346

Title	DIRECTOR
Name	ELIADIS, DINO
Address	117 N FLORIDA AVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	DIRECTOR
Name	IRONS, ROB
Address	1387 GLENEAGLES CT
City-State-Zip:	ROCKLEDGE FL 32955-2521

Title	DIRECTOR
Name	STIERS, CHARLES
Address	5 GATESHEAD NO 302
City-State-Zip:	DUNEDIN FL 34698-8537

I hereby 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 all other like empowered.

SIGNATURE: EVA DEHART**PRESIDENT****01/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date