## 2023 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

## Name and Address of Current Registered Agent:

DEHART, EVA I 4767 SIMCOE ST. PALM HARBOR, FL 34683 US Secretary of State 3301665484CC

Date

Certificate of Status Desired: Yes

FILED Mar 08, 2023

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

## **Officer/Director Detail :**

Title	D	Title	VPD
Name	STEVENS, EDWIN III	Name	DEHART, ROSELINE S
Address	6421 ARBOR DR	Address	4767 SIMCOE ST
City-State-Zip:	NEW PORT RICHEY FL 34655-4101	City-State-Zip:	PALM HARBOR FL 34683-1311
Title	PSTD	Title	D
Name	DEHART, EVA I	Name	ARTHURS, MALCOLM R
Address	4767 SIMCOE ST	Address	7 MANSTON GARDENS
City-State-Zip:	PALM HARBOR FL 34683-1311	City-State-Zip:	LEEDS, ENGLAND LS 15
Title	D	Title	DIRECTOR
Title Name	D JUNGERBERG, DENNIS D	Title Name	DIRECTOR ELIADIS, DINO
	-		
Name Address	JUNGERBERG, DENNIS D	Name	ELIADIS, DINO
Name Address City-State-Zip:	JUNGERBERG, DENNIS D 205 N GOMEZ AVE TAMPA FL 33609-2346	Name Address	ELIADIS, DINO 117 N FLORIDA AVE
Name Address	JUNGERBERG, DENNIS D 205 N GOMEZ AVE TAMPA FL 33609-2346 DIRECTOR	Name Address City-State-Zip:	ELIADIS, DINO 117 N FLORIDA AVE TARPON SPRINGS FL 34689
Name Address City-State-Zip: Title	JUNGERBERG, DENNIS D 205 N GOMEZ AVE TAMPA FL 33609-2346	Name Address City-State-Zip: Title	ELIADIS, DINO 117 N FLORIDA AVE TARPON SPRINGS FL 34689 DIRECTOR STIERS, CHARLES 5 GATESHEAD
Name Address City-State-Zip: Title Name	JUNGERBERG, DENNIS D 205 N GOMEZ AVE TAMPA FL 33609-2346 DIRECTOR IRONS, ROB 1387 GLENEAGLES CT	Name Address City-State-Zip: Title Name	ELIADIS, DINO 117 N FLORIDA AVE TARPON SPRINGS FL 34689 DIRECTOR STIERS, CHARLES

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

03/08/2023

Electronic Signature of Signing Officer/Director Detail