## 2019 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

FILED Feb 12, 2019

**Secretary of State** 

2560521152CC

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

NameDEHART, EVA INamePERRINO, SCOTT FDRAddress4767 SIMCOE STAddress6301 MEMORIAL HWY<br/>STE 204

City-State-Zip: PALM HARBOR FL 34683-1311 City-State-Zip: TAMPA FL 33615-4573

Title D Title

Name ARTHURS, MALCOLM R Name JUNGERBERG, DENNIS D

Address 7 MANSTON GARDENS Address 205 N GOMEZ AVE

City-State-Zip: LEEDS, ENGLAND LS 15 City-State-Zip: TAMPA FL 33609-2346

Title DIRECTOR Title DIRECTOR
Name ELIADIS, DINO Name IRONS, ROB

Address 117 N FLORIDA AVE Address 2294 SAINT SWITHIN LN

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: MELBOURNE FL 32935-3757

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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 02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name STIERS, CHARLES

Address 5 GATESHEAD

NO 302

City-State-Zip: DUNEDIN FL 34698-8537