

**2021 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 PERRINO, SCOTT FDR  
Address 2418 MOORE HAVEN DR. W  
City-State-Zip: CLEARWATER FL 33763-1618

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

**Continues on page 2**

*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****01/14/2021**

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