

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010237

**Entity Name:** RENEW HAITI, INC.**Current Principal Place of Business:**3816 W MORRISON AVE  
TAMPA, FL 33629**Current Mailing Address:**3816 W MORRISON AVE  
TAMPA, FL 33629**FEI Number:** 30-0218645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BYARS, BARBARA  
3816 W MORRISON AVE.  
TAMPA, FL 33629 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:** BARBARA BYARS

02/24/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title BOARD VP  
Name LAURENT, JOHN  
Address P.O. BOX 1018  
City-State-Zip: BARTOW FL 33831Title BOARD PRESIDENT  
Name SHERMAN, ROBERT  
Address 2901 W. PRICE AVE.  
City-State-Zip: TAMPA FL 33611Title BOARD MEMBER  
Name MICHAEL AUBIN  
Address 800 PRUDENTIAL DRIVE  
City-State-Zip: JACKSONVILLE FL 32207Title BOARD MEMBER  
Name BUTLER, MADELYN M.D.  
Address 5206 BAYSHORE BLVD  
City-State-Zip: TAMPA FL 33611Title BOARD MEMBER  
Name KERSHNER, ROBERT  
Address 1305 BELL SHOALS ROAD  
City-State-Zip: BRANDON FL 33511Title SECRETARY  
Name BYARS, BARBARA  
Address 417 S PALOMA PL  
City-State-Zip: TAMPA FL 33609Title BOARD MEMBER  
Name TOUPS, DAVID MSGR.  
Address 10701 S MILITARY TRL  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** BARBARA BYARS**SECRETARY**

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date