## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008366

Entity Name: ORGANIZATION FOR THE RESTORATION OF LIFE IN HAITI,

INC.

**Current Principal Place of Business:** 

18979 42ND ROAD N LOXAHATCHEE, FL 33470

**Current Mailing Address:** 

18979 42ND ROAD N

LOXAHATCHEE, FL 33470 US

FEI Number: 59-3809416 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCON, JEAN LUC 18979 42ND ROAD N LOXAHATCHEE, FL 33470 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: JEAN LUC GARCON 02/25/2021

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title VΡ

Name GARCON, JEAN L Name GARCON, NAROMIE Address 18979 42ND ROAD N Address 18979 42ND ROAD N City-State-Zip: LOXAHATCHEE FL 33470 City-State-Zip: LOXAHATCHEE FL 33470

**TREASURER** Title Title

Name JOUANIS, FRITZNEL Name MARIO CADEAU Address Address 18979 42 ND RD N

49 MAHOTIERE 79. CARFOUR #79

City-State-Zip: WEST PALM BEACH FL 33470 City-State-Zip: CARFOUR 49

Title **SDIRECTOR** 

Title ASS Name LEGRAND, DAVID SR.

PIERRE, FRITZ Name Address 5805 ELLIS HOLLOW RD Address POUDRIER #21 City-State-Zip: LAKE WORTH FL 33463

City-State-Zip: PLAISANCE DU NORD CAP-HAITIAN

00509 HAITI

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: JEAN LUC GARCON

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/25/2021

**FILED** Feb 25, 2021

**Secretary of State** 

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