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				Date
	Electronic Signature of Registered Agent			Duto
Officer/Director Detail :				
Title	D	Title	D	
Name	VAN HISE, JOHN R	Name	ORARA, MERMOLINA M	
Address	POST OFFICE BOX 30001	Address	POST OFFICE BOX 30001	
City-State-Zip:	FORT LAUDERDALE FL 33303	City-State-Zip:	FORT LAUDERDALE FL 33303	
	_			
Title	D			
Name	STERLIN, PIERRE			
Address	61 NW 56TH CT			

DOCUMENT# N08000004099 Entity Name: AID FOR HAITI, INC.

**Current Principal Place of Business:** 

1409 SE 1ST STREET FORT LAUDERDALE, FL 33301

### **Current Mailing Address:**

POST OFFICE BOX 30001 FORT LAUDERDALE, FL 33303

## FEI Number: 11-3842223

#### Name and Address of Current Registered Agent:

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

VAN HISE, JOHN R 1409 SE 1ST STREET FORT LAUDERDALE, FL 33301 US

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: JOHN R VAN HISE

City-State-Zip: FORT LAUDERDALE FL 33309

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

## D

# 03/25/2022