

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010656

**FILED
Mar 20, 2017
Secretary of State
CC8678024433**

Entity Name: CARIBBEAN HERITAGE FOUNDATION INC.

Current Principal Place of Business:

1695 FLORIDA MANGO ROAD
SUITE 10
WEST PALM BEACH, FL 33406

Current Mailing Address:

1695 FLORIDA MANGO ROAD
SUITE 10
WEST PALM BEACH, FL 33406 US

FEI Number: 27-1400344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EWALD, STEVENS
1695 FLORIDA MANGO ROAD
SUITE 10
WEST PALM BEACH, FL 33406 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 P
Name EWALD, STEVENS
Address 1695 FLORIDA MANGO ROAD
SUITE 10
City-State-Zip: WEST PALM BEACH FL 33406

Title VP
Name BENOIT, HARIETTE
Address 1695 FLORIDA MANGO ROAD
SUITE 10
City-State-Zip: WEST PALM BEACH FL 33406

Title DIR
Name MICHEL, BENGI
Address 5366 MEADOWS EDGE DRIVE
City-State-Zip: LAKE WORTH FL 33463

Title S
Name TRICIA, HAMILTON
Address 6670 LAWRENCE WOODS CT
City-State-Zip: LANTANA FL 33462

Title T
Name BEVERLIE, HYACINTHE
Address 5366 MEADOWS EDGE DRIVE
City-State-Zip: LAKE WORTH FL 33463

Title DIR
Name EWALD, STEVENS
Address 1695 FLORIDA MANGO ROAD
SUITE 10
City-State-Zip: WEST PALM BEACH FL 33406

Title EXECUTIVE DIRECTOR
Name JEAN JACK, SOLANGE
Address 4065 BROOK CIRCLE E
City-State-Zip: WEST PALM BEACH FL 33417

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: STEVENS EWALD

PRESIDENT

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date