## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010656

Entity Name: CARIBBEAN HERITAGE FOUNDATION INC.

FILED
Apr 25, 2023
Secretary of State
7084656375CC

## **Current Principal Place of Business:**

2054 VISTA PKWY STE 400

SUITE 400

WEST PALM BEACH, FL 33411

## **Current Mailing Address:**

2054 VISTA PKWY STE 400 SUITE 400

WEST PALM BEACH, FL 33411 US

FEI Number: 27-1400344 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

EWALD, STEVENS 2054 VISTA PKWY STE 400 SUITE 400 WEST PALM BEACH, FL 33411 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 Title VF

Name EWALD, STEVENS Name BENOIT, HARIETTE

Address 2054 VISTA PKWY STE 400 Address 2054 VISTA PKWY STE 400

SUITE 400 SUITE 400

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

Title DIR Title S

Electronic Signature of Signing Officer/Director Detail

Name MICHEL, BENGI Name TRICIA, HAMILTON

Address 2054 VISTA PKWY STE 400 Address 2112 S CONGRESS AVE

SUITE 400 SUITE 207

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: PALM SPRINGS FL 33406

Title T Title DIRECTOR

Name HYACINTHE, BEVERLIE Name GOUSSE, SAMANTHA

Address 2054 VISTA PKWY STE 400 Address 2054 VISTA PKWY STE 400

SUITE 400 SUITE 400

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

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.