## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010656

Entity Name: CARIBBEAN HERITAGE FOUNDATION INC.

FILED
Apr 02, 2013
Secretary of State
CC0367987626

## **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

Officer/Director Detail:

Title P Title VF

Name EWALD, STEVENS Name BENOIT, HARIETTE

Address 1695 FLORIDA MANGO ROAD Address 1695 FLORIDA MANGO ROAD

SUITE 10 SUITE 10

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

Title DIR Title S

Name MICHEL, BENGI Name TRICIA, HAMILTON

Address 5366 MEADOWS EDGE DRIVE Address 6670 LAWRENCE WOODS CT

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LANTANA FL 33462

Title T Title DIR

Name BEVERLIE, HYACINTHE Name EWALD, STEVENS

Address 5366 MEADOWS EDGE DRIVE Address 1695 FLORIDA MANGO ROAD

SUITE 10

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: WEST PALM BEACH FL 33406

Electronic Signature of Signing Officer/Director Detail

Date

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.