

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010656

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

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

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

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

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

*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****04/02/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date