

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N13000008966

**Entity Name:** HAITI CHOLERA RESEARCH FUNDING FOUNDATION INC.

**FILED**  
**Sep 11, 2015**  
**Secretary of State**  
**CC8450364015**

**Current Principal Place of Business:**

2711 VANDIVER DRIVE  
111  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2711 VANDIVER DRIVE  
111  
WEST PALM BEACH, FL 33409

**FEI Number:** 46-3860027

**Certificate of Status Desired:** No

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

GREGOIRE, FAUSTA  
2711 VANDIVER DRIVE  
111  
WEST PALM BEACH, FL 33409 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, T  
Name CAZEAU, PIERRETTE J  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33409

Title ASST. SECRETARY  
Name HYPOLITE, JEAN VILIARE  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33049

Title CDT  
Name ESOGBAN , GODSPOWER DR.  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33049

Title OFFICER  
Name IDOWU, OLUMIDE  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33409

Title V, T, SECRETARY  
Name HUEHN, THOMAS F  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33049

Title CDT  
Name AGAMPODI, SUNETH BUDDHIK DR.  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33049

Title CDT  
Name LEWIS , HARRIET PHD  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33049

Title CHAIRMAN, OFFICER  
Name DEWI, CHRISTA  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33409

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*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:** PIERRETTE J CAZEAU

**PRESIDENT**

**09/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PASTOR  
Name ANDERSON, RUBIN L  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33409

Title CHAIRMAN, OFFICER  
Name KONDO, IMANI DR.  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33409

Title OFFICER  
Name CAZEAU, MARIE F. DERBY  
Address 2711 VANDIVER DRIVE  
111  
City-State-Zip: WEST PALM BEACH FL 33409