

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008966

Entity Name: HAITI CHOLERA RESEARCH FUNDING FOUNDATION INC.**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:** Yes**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 SMGR
Name HYPOLITE, JEAN VILIARE
Address 2711 VANDIVER DRIVE
111
City-State-Zip: WEST PALM BEACH FL 33409

Title CDT
Name ESOGBAN , GODSPOWER
Address 2711 VANDIVER DRIVE
111
City-State-Zip: WEST PALM BEACH FL 33409

Title PRESIDENT, BOARD
Name ZENNY, AMIL ROLAND ESQ.
Address 2711 VANDIVER DRIVE
111
City-State-Zip: WEST PALM BEACH FL 33409

Title V, T
Name HUEHN, THOMAS F
Address 2711 VANDIVER DRIVE
111
City-State-Zip: WEST PALM BEACH FL 33409

Title CDT
Name AGAMPODI, SUNETH BUDDHIK
Address 2711 VANDIVER DRIVE
111
City-State-Zip: WEST PALM BEACH FL 33409

Title CDT
Name LEWIS , HARRIET
Address 2711 VANDIVER DRIVE
111
City-State-Zip: WEST PALM BEACH FL 33409

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: AMIL ROLAND ZENNY

PRESIDENT

03/15/2015

Electronic Signature of Signing Officer/Director Detail_____
Date