

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005674

**FILED**  
**May 04, 2021**  
**Secretary of State**  
**9052195391CC**

**Entity Name:** MEDICAL MISSION FOR HAITI INC

**Current Principal Place of Business:**

2200 N SHERMAN CIRCLE SUITE 403  
MIRAMAR, FL 33025

**Current Mailing Address:**

2200 N SHERMAN CIRCLE SUITE 403  
MIRAMAR, FL 33025 US

**FEI Number: 83-0674757**

**Certificate of Status Desired: Yes**

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

THOMAS, EDDY  
2200 N SHERMAN CIRCLE # 403  
MIRAMAR, FL 33025 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,D  
Name THOMAS, EMMANUEL JEAN EDDY  
Address 2200 N SHERMAN CIRCLE SUITE 403  
City-State-Zip: MIRAMAR FL 33025

Title T  
Name DESAMOURS, MICHAEL RONALD  
Address 2200 N SHERMAN CIRCLE SUITE 403  
City-State-Zip: MIRAMAR FL 33025

Title SEC  
Name PEOPLE, MARLENE CASTOR  
Address 2200 N SHERMAN CIRCLE SUITE 403  
City-State-Zip: MIRAMAR FL 33025

Title DIR  
Name THOMAS, EDDY  
Address 2200 N SHERMAN CIRCLE SUITE 403  
City-State-Zip: MIRAMAR FL 33025

Title DIR  
Name DESAMOURS, RONALD  
Address 2200 N SHERMAN CIRCLE SUITE 403  
City-State-Zip: MIRAMAR FL 33025

Title DIR  
Name PEOPLE, MARLENE  
Address 2200 N SHERMAN CIRCLE SUITE 403  
City-State-Zip: MIRAMAR FL 33025

*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: EDDY THOMAS**

**PRESIDENT**

**05/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date