# 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: JOSUE LOVINCE

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:** 4601 29TH STREET SW

**Current Principal Place of Business:** 

LEIGH ACRES. FL 33973 US

DOCUMENT# N1800006151

4601 29TH STREET SW LEIGH ACRES. FL 33973

# **FEI Number: APPLIED FOR**

# Name and Address of Current Registered Agent:

Entity Name: NEW VISION FOR PORRIER HAITI, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

LOVINCE, JOSUE 4601 29TH STREET SW LEIGH ACRES, FL 33973 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	: JOSUE LOVINCE			06/13/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	LOVINCE, JOSUE	Name	EXANTUS, ASKELDA	
Address	4601 29TH STREET SW	Address	15695 HAGIE DRIVE	
City-State-Zip:	LEIGH ACRES FL 33973	City-State-Zip:	FORT MYERS FL 33908	
Title	S	Title	т	
Name	AUGUSTIN, ENOCK	Name	CAPRE, JEREMIE	
Address	PO BOX 9441	Address	741 SCHOOL HOUSE ROAD	
City-State-Zip:	NAPLES FL 34101	City-State-Zip:	LAKELAND FL 33813	

Certificate of Status Desired: No

FILED Jun 13, 2020 Secretary of State 1622442093CC

> 06/13/2020 Date

PRESIDENT