

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90050 015 \*\*\*\*61.25

**DOCUMENT # F02000006299**

1. Entity Name

SAINT BONIFACE HAITI FOUNDATION, INC.



Principal Place of Business

14 POND LANE  
RANDOLPH MA 02169

Mailing Address

623 FAIRFIELD CT  
ORANGE PARK FL 32073

01000100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3067595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOGUE, JOHN  
623 FAIRFIELD COURT  
ORANGE PARK FL 32073

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME DEVEER, REV. RICHARD  
STREET ADDRESS 601 BROADWAY  
CITY-ST-ZIP CHELSEA MA 02150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME SWEET, LOIS  
STREET ADDRESS 343 LAWS BROOK RD  
CITY-ST-ZIP CONCORD MA 01742

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MARISTED, KAI  
STREET ADDRESS 30 CAMBRIDGE PARK DR  
CITY-ST-ZIP CAMBRIDGE MA 02140

TITLE TJS ☒ Change ☐ Addition  
NAME MARISTED, KAI  
STREET ADDRESS 30 CAMBRIDGE PARK DR  
CITY-ST-ZIP CAMBRIDGE, MA 02140

TITLE S ☒ Delete  
NAME MADDEN, ESTHER  
STREET ADDRESS 7K BEALS COVE  
CITY-ST-ZIP HINGHAM MA 02043

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ED ☐ Delete  
NAME CANNIFF, NANNETTE M  
STREET ADDRESS 14 POND LANE  
CITY-ST-ZIP RANDOLPH MA 02368

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME OSTERMAN, REV. GERALD  
STREET ADDRESS 487 BROADWAY  
CITY-ST-ZIP EVERETT MA 02148

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W Logue JOHN W LOGUE

2.15.04

904-272-5085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #