2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# F02000006299

Entity Name: SAINT BONIFACE HAITI FOUNDATION, INC.

Current Principal Place of Business:

400 NORTH MAIN STREET
RANDOLPH, MA 02368 US

New Principal Place of Business:

Current Mailing Address:

623 FAIRFIELD CT
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 04-3067595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOGUE, JOHN
623 FAIRFIELD COURT
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CANNIFF, NANNETTE	
Address:	14 POND LANE	
City-St-Zip:	RANDOLPH, MA 02368 US	
Title:	S	( ) Delete
Name:	BOND, VICKI	
Address:	139 MAIN STREET	
City-St-Zip:	CHARLESTOWN, MA 02129 US	
Title:	T	( ) Delete
Name:	LYNCH, JEFFREY	
Address:	56 TURKEY HILL LANE	
City-St-Zip:	HINGHAM, MA 02043 US	
Title:	C	( ) Delete
Name:	LOGUE, JOHN	
Address:	623 FAIRFIELD COURT	
City-St-Zip:	ORANGE PARK, FL 32073 US	
Title:	VC	( ) Delete
Name:	DEVEER, RICHARD REV	
Address:	261 PLEASANT STREET	
City-St-Zip:	WEYMOUTH, MA 02190 US	
Title:	TM	( ) Delete
Name:	SWEET, LOIS	
Address:	343 LAWS BROOK ROAD	
City-St-Zip:	CONCORD, MA 01742 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANNETTE CANNIFF P 02/03/2009

Electronic Signature of Signing Officer or Director — Date