

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 22, 2012
Secretary of State

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:

13463 DEVAN LEE DRIVE E
JACKSONVILLE, FL 32226

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
275 1ST STREET SOUTH
#301
JACKSONVILLE BEACH, FL 32250 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
Name: SHAPIRO, CONOR
Address: 35 CRANE AVENUE
City-St-Zip: MAYNARD, MA 01754 US

Title: S
Name: HALEY, JACQUELINE
Address: 55 CASSANDRA ROAD
City-St-Zip: WEYMOUTH, MA 02189 US

Title: T
Name: LYNCH, JEFFREY
Address: 56 TURKEY HILL LANE
City-St-Zip: HINGHAM, MA 02043 US

Title: C
Name: LOGUE, JOHN
Address: 275 1ST STREET SOUTH #301
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VC
Name: DEVEER, RICHARD REV
Address: 261 PLEASANT STREET
City-St-Zip: WEYMOUTH, MA 02190 US

Title: TM
Name: OSTERMAN, GERALD
Address: 489 BROADWAY
City-St-Zip: EVERETT, MA 02149 US

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: CONOR SHAPIRO

P

03/22/2012

Electronic Signature of Signing Officer or Director

Date