

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006393

FILED  
Feb 20, 2012  
Secretary of State

Entity Name: HOPE FOR HAITI'S CHILDREN INC.

**Current Principal Place of Business:**

474 FOREST LAKES DR.  
STERRETT, AL 35147

**New Principal Place of Business:**

**Current Mailing Address:**

474 FOREST LAKES DR.  
STERRETT, AL 35147

**New Mailing Address:**

FEI Number: 65-1040282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KHAWLY, CYNTHIA  
16477 SW 100TH TERRACE  
MIAMI, FL 33196 US

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

KHAWLY, CYNTHIA  
11800 S.W. 121 AVE  
MIAMI, FL 33186 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

02/20/2012

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: KHAWLY, CYNTHIA  
Address: 474 FOREST LAKES DR  
City-St-Zip: STERRETT, AL 35147

Title: VP  
Name: KHAWLY, PATRICE P  
Address: 474 FOREST LAKES DR  
City-St-Zip: STERRETT, AL 35147

Title: P  
Name: KHAWLY, NATACHA A  
Address: 11800 S.W. 121 AVE  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: KHAWLY, SOPHIA A  
Address: 1800 SW, 121 AVE  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: BLUNKER, REGINA  
Address: 3802 N.EAST 207 ST #2101  
City-St-Zip: AVENTURA, FL 33180

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: CYNTHIA KHAWLY

Electronic Signature of Signing Officer or Director

CEO

02/20/2012

Date