

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002319

FILED
Apr 14, 2008
Secretary of State

Entity Name: FOUNDATION HOPE FOR HAITI, INC.

Current Principal Place of Business:

15 NW 11TH AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 212673
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 02-0580006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: DC () Delete
Name: ROBERTSON, JON DMA
Address: 8515 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: DP () Delete
Name: ROBERTSON, FLORENCE B PHD
Address: 8515 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: DV () Delete
Name: BAIN, PAULA MSW
Address: 1141 BEL AIRE DRIVE EAST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DT () Delete
Name: GORS, MONIQUE L
Address: 12921 MARCELLA BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

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:

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: JON ROBERTSON DMA

DC

04/14/2008

Electronic Signature of Signing Officer or Director

Date