

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90094 007 ****61.25

DOCUMENT # N03000001966

1. Entity Name
THE HAITI PROJECT, INC.



Principal Place of Business
**131-B SABAL COURT
OLDSMAR, FL 34677**

Mailing Address
**131-B SABAL COURT
OLDSMAR, FL 34677**

50033644



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302005 Chg-NP CR2E037 (10/03)

City & State

City & State
Oldsmar FL

4. FEI Number
57-1160648

Applied For
Not Applicable

Zip

Country

Zip
34677

Country
USA

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

**HOLCOMBE, SHELLY
131-B SABAL COURT
OLDSMAR, FL 34677**

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

Shelly A Holcombe

3/30/05

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLCOMBE, SHELLY
131-B SABAL COURT
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRAVER, KATHY
131-B SABAL CT
OLDSMAR, FL 34677** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLCOMBE, TOM
131-B SABAL COURT
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
~~Shelly A Holcombe~~
HOLCOMBE, SHELLY A.
131-B SABAL CT
OLDSMAR, FL 34677** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COMER, SHARON
131-B SABAL COURT
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
EDMISTON, LYNN
131-B SABAL CT
OLDSMAR, FL 34677** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EDMISTON, LYNN
131-B SABAL COURT
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
COMER, SHARON
131-B SABAL CT
OLDSMAR, FL 34677** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Holcombe THOMAS
131-B SABAL CT
OLDSMAR, FL 34677** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Shelly A Holcombe

3/30/05

813-885-6257

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #