

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 NOV -1 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003618

1. Entity Name  
VISION FOR HAITI, INCORPORATED



Principal Place of Business  
790-H MEADOWLAND DRIVE  
NAPLES, FL 34108

Mailing Address  
790-H MEADOWLAND DRIVE  
NAPLES, FL 34108

000042363290  
11/01/04--01071--004 \*\*70.00



2. Principal Place of Business  
511 HENLEY DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10212004 Chg-NP CR2E037 (10/03)

City & State  
NAPLES FL

City & State

4. FEI Number  
43-2006446

Applied For  
Not Applicable

Zip  
34104

Country  
USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

NELSON, ERMA  
790-H MEADOWLAND DRIVE  
NAPLES, FL 34108

## 7. Name and Address of New Registered Agent

Name KATHLEEN CRANDALL

Street Address (P.O. Box Number is Not Acceptable)

511 HENLEY DRIVE

City NAPLES

FL

Zip Code 34104

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 Kathleen Crandall

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

(NOTE: Registered Agent signature required when registering)

DATE

Amended AR is \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, WALT	
STREET ADDRESS	790-H MEADOWLAND DRIVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MEZILUS, ANDRE REV.	
STREET ADDRESS	CITY CHAUVEL, RUELLBLOT #93	
CITY-ST-ZIP	CAP HATIE, HAITI,	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, GENE	
STREET ADDRESS	222 INDUSTRIAL BLVD	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, ERMA	
STREET ADDRESS	790 H MEADOWLAND DRIVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	DIRECTOR	<input type="checkbox"/> Delete <input type="checkbox"/> ADD
NAME	PIERRE MERONE	
STREET ADDRESS	5346 WARREN ST.	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHERINE MILLER	
STREET ADDRESS	541 EVERGLADES BLVD N.	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN CRANDALL	
STREET ADDRESS	511 HENLEY DRIVE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE SCOTT	
STREET ADDRESS	222 INDUSTRIAL BLVD	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	TREASURER / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD MILLER	
STREET ADDRESS	541 EVERGLADES BLVD N.	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEAL BEIGHTOL	
STREET ADDRESS	15090 TOPSAIL COURT	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE CRANDALL	
STREET ADDRESS	511 HENLEY DRIVE	
CITY-ST-ZIP	NAPLES, FL 34104	

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: Kathleen Crandall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day: Month: Year: