

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004216

FILED
Jun 23, 2009
Secretary of State

Entity Name: FOUNDATION FOR HUMANITARIAN SERVICES, INC.

Current Principal Place of Business:

2512 LINCOLN STREET.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

P O BOX 5577.
HOLLYWOOD, FL 33020

New Mailing Address:

2512 LINCOLN STREET
HOLLYWOOD, FL 33020

FEI Number: 52-2392796 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCCEUS, MIREILLE P
2512 LINCOLN STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

PIERRE, WILFRID
520 NW 165 ST RD STE 105
MIAMI, FL 33169 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: WILFRID PIERRE

06/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: LUCCEUS, MIREILLE P
Address: 2512 LINCOLN STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D () Delete
Name: DURAND, CHARLES R
Address: 3701 PRESERVE CT APT 207
City-St-Zip: TAMPA, FL 33624 US

Title: D,S () Delete
Name: PIERRE, KEDNA
Address: 1970 NE 181 ST
City-St-Zip: NORTH MIAMI BEACH, FL 333162 US

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:

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: MIREILLE LUCCEUS

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date