

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010237

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** HELP BRINGS HOPE FOR HAITI, INC.

**Current Principal Place of Business:**

2617 PROSPECT RD  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

2617 PROSPECT RD  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 30-0218645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BYARS, BARBARA  
419 S PALOMA PLACE  
TAMPA, FL 33609 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: D ( ) Delete  
Name: EDDY, PATRICIA  
Address: 2617 PROSPECT RD  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: BYARS, BARBARA A  
Address: 419 S PALOMA PL  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: COX, TOM  
Address: 12322 WYCLIFF PLACE  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: SOLOMON, MICHAEL DEACON  
Address: 2432 SUNSET DRIVE  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: PELOUBET, DREW  
Address: 805 S. NEWPORT  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: BUTLER, MADELYN M.D.  
Address: 5206 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAURENT, JOHN  
Address: PO BOX  
City-St-Zip: BARTOW, FL 33831

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: PATRICIA M EDDY

ED

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date