

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010237

FILED  
Feb 18, 2011  
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:**

3816 W MORRISON AVE  
TAMPA, FL 33629

**Current Mailing Address:**

2617 PROSPECT RD  
TAMPA, FL 33629

**New Mailing Address:**

3816 W MORRISON AVE  
TAMPA, FL 33629

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: P  
Name: EDDY, PATRICIA M  
Address: 2617 PROSPECT RD  
City-St-Zip: TAMPA, FL 33629

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

Title: VP  
Name: LAURENT, JOHN  
Address: P.O. BOX 1018  
City-St-Zip: BARTOW, FL 33831

Title: T  
Name: SHERMAN, ROBERT  
Address: 2901 W. PRICE AVE.  
City-St-Zip: TAMPA, FL 33611

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA M EDDY

P

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date