

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004001

FILED
Apr 15, 2009
Secretary of State

Entity Name: SHALOM HEALTH INTERNATIONAL FOUNDATION INC.

Current Principal Place of Business:

2020 NW 31ST AVE.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

POB 9505
FT. LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 41-2176067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, JOANN
2020 NW 31ST AVE.
FT. LAUDERDALE, FL 33311 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: DP () Delete
Name: KNIGHT, JOANN
Address: 2020 NW 31ST AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DVP () Delete
Name: COLEY, FLORA
Address: 2020 NW 31ST AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DC () Delete
Name: CASH, BLANCH
Address: 2020 NW 31ST AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DT () Delete
Name: HOLT, ROBERT
Address: 2020 NW 31ST AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DS () Delete
Name: KNIGHT, CORNELL
Address: 2020 NW 31ST AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

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:

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: JOANN KNIGHT

RA

04/15/2009

Electronic Signature of Signing Officer or Director

Date