

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009199

Entity Name: HELP HAITI NOW, INC.

FILED
May 30, 2009
Secretary of State

Current Principal Place of Business:

2875 PALM BEACH BLVD
APT 603C
FORT MYERS, FL 33916

New Principal Place of Business:

700 ARMADA ROAD NORTH
VENICE, FL 34285

Current Mailing Address:

P.O. BOX 1041
VENICE, FL 342841041

New Mailing Address:

P.O. BOX 1041
VENICE, FL 342841041 US

FEI Number: 01-0843574 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:

QUIRK, RACHEL A
2875 PALM BEACH BLVD
APT 603C
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

QUIRK, RACHEL A
700 ARMADA ROAD NORTH
VENICE, FL 34285 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: _____

05/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUIRK, RACHEL A
Address: 2885 PALM BEACH BLVD #303A
City-St-Zip: FORT MYERS, FL 33916

Title: VPI () Delete
Name: JOSEPH, CHILET
Address: RUE FRONCK-FOUCHE #98
City-St-Zip: ST. MARK, HAITI,

Title: VP II () Delete
Name: HICKS, BONNIE S
Address: 1000 OXFORD RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: T () Delete
Name: QUIRK, GEORGIA W
Address: 700 ARMANDA RD NORTH
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUIRK, RACHEL A
Address: 700 ARMADA ROAD NORTH
City-St-Zip: VENICE, FL 34285

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: GEORGIA W. QUIRK

T

05/30/2009

Electronic Signature of Signing Officer or Director

Date