

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012174

FILED
Apr 12, 2009
Secretary of State

Entity Name: FHOASSAD'FOUNDATION FOR HUMANITARIAN AID, SOCIAL SERVICES AND AID TO DEVELOPMENT INC.

Current Principal Place of Business:

5800 BEACH BLVD
SUITE 203
JACKSONVILLE, FL 32207

New Principal Place of Business:

1200 BRETTEA STREET
SUITE 10
JACKSONVILLE, FL 32211

Current Mailing Address:

244 KARSEY STREET
HIGHLAND PARK, NJ 08904

New Mailing Address:

FEI Number: 51-0620853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISMAGNE, PHILIDOR
5800 BEACH BLVD
SUITE 203
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

ISMAGNE, PHILIDOR
1200 BRETTEA STREET
SUITE 10
JACKSONVILLE, FL 32211 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:

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISMAGNE, PHILIDOR
Address: 1200 BRETTEA STREET APT 10
City-St-Zip: JACKSONVILLE, FL 32211

Title: VT () Delete
Name: FORGES, MARIE M
Address: 2295 NORTH WEST 102 STREET
City-St-Zip: MIAMI, FL 33147

Title: VS () Delete
Name: FORGES, JACQUES F
Address: 11744 NW 22 CT
City-St-Zip: MIAMI, FL 33167

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: ISMAGNE PHILIDOR

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date