

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010748

FILED
Jul 07, 2008
Secretary of State

Entity Name: HELP FEED THE CHILDREN OF ST. MICHEL DE L'ATTALAYE HAITI INC

Current Principal Place of Business:

2032 HOLLINGTON DRIVE
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

2032 HOLLINGTON DRIVE
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-1373095 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:

Name and Address of New Registered Agent:

MILEON, PATERNEL
2032 HOLLINGTON DRIVE
JACKSONVILLE, FL 32246 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILEON, PATERNEL
Address: 2032 HOLLINGTON DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: MILEON, CAROLE E
Address: 2032 HOLLINGTON DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CAMPBELL, JEANETTE
Address: 76 S. LAURA ST SUITE #2200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: SEC () Change (X) Addition
Name: ANGELA, BERRY
Address: 76 S. LAURA STREET SUITE #2200
City-St-Zip: JACKSONVILLE, FL 32202 US

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: PATERNEL MILEON

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date