

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001485

FILED
May 06, 2009
Secretary of State

Entity Name: HEALTH CARE FOUNDATION FOR HAITI, INC.

Current Principal Place of Business:

13377 W. DIXIE HIGHWAY
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

13377 W. DIXIE HIGHWAY
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 26-2110784 **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:

JOSEPH, SMITH
13377 W. DIXIE HIGHWAY
NORTH MIAMI, FL 33161 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 () Delete
Name: JOSEPH, SMITH
Address: 13377 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

Title: S () Delete
Name: ISMA, ARDAIN PHD
Address: 2425 BEN ST.
City-St-Zip: ST. AUGUSTINE, FL 33092

Title: T () Delete
Name: SAINT-LOUIS, ELAINE
Address: 835 NE 126TH ST
City-St-Zip: NORTH MIAMI, FL 33161

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: SMITH JOSPEH

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

Date