

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000851

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** HEARTS WITH HOPE FOR HAITI, INC.

**Current Principal Place of Business:**

1434 CRICKET HOLLOW LANE  
ST. JOHNS, FL 322589

**New Principal Place of Business:**

104 RIVER OAK COURT  
EAST PALATKA, FL 32131

**Current Mailing Address:**

1434 CRICKET HOLLOW LANE  
ST. JOHNS, FL 322589

**New Mailing Address:**

104 RIVER OAK COURT  
EAST PALATKA, FL 32131

**FEI Number:** 26-3342118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLACKLER, KELLY  
1434 CRICKET HOLLOW LANE  
ST. JOHNS, FL 322589 US

**Name and Address of New Registered Agent:**

CAMPBELL, CATHY  
104 RIVER OAK COURT  
EAST PALATKA, FL 32131 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: CATHY CAMPBELL

03/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CLACKLER, KELLY  
Address: 33697 VALLEY VIEW DRIVE  
City-St-Zip: EVERGREEN, CO 80437

Title: D  
Name: CLACKLER, ELIZABETH  
Address: 33697 VALLEY VIEW DRIVE  
City-St-Zip: EVERGREEN, CO 80437

Title: D  
Name: THOMAS, PATRICIA  
Address: 522 WILSON DRIVE  
City-St-Zip: INTERLACHEN, FL 32148

Title: D  
Name: CAMPBELL, CATHY  
Address: 104 RIVER OAK COURT  
City-St-Zip: EAST PALATKA, FL 32131

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH CLACKLER

VP

03/02/2010

Electronic Signature of Signing Officer or Director

Date