

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003960

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** LNP-GH FOUNDATION, INC.

**Current Principal Place of Business:**

1427 N BRONOUGH STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1427 N BRONOUGH STREET  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 27-2397439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGISTE, JACQUES  
1427 N BRONOUGH STREET  
TALLAHASSEE, FL 32303 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: D  
Name: RAPHAEL, JEAN-MAX  
Address: 258-07 147 AVENUE  
City-St-Zip: ROSEDALE, NY 11422

Title: D  
Name: REGISTE, JACQUES  
Address: 8613 HEARTWOOD CT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: JOSEPH, GUY  
Address: 176-03 133 RD  
City-St-Zip: JAMAICA, NY 11434

Title: D  
Name: ANTOINE, GENTY  
Address: 3238 FAWNWOOD DR  
City-St-Zip: OCOEE, FL 34761

Title: D  
Name: PROPHETE, JIMMY  
Address: 193 TEXAS AVENUE  
City-St-Zip: BAY SHORE, NY 11706

Title: D  
Name: CLAUDE, LUMANE P  
Address: 11300 SW 20 STREET  
City-St-Zip: MIRAMAR, FL 33025

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: JACQUES REGISTE

CHAI

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date