

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90053 050 ****70.00

DOCUMENT # N95000000738

1. Entity Name

HELP FOR HAITI INC.



Principal Place of Business

1121 S B ST
#2
LAKE WORTH FL 33460
US

Mailing Address

PO BOX 802
W PALM BCH FL 33402

24050701



MOORE CR2E037 (11/03)

2. Principal Place of Business

1121 South B St #2

Suite, Apt. #, etc.

2

3. Mailing Address

PO Box 802

Suite, Apt. #, etc.

4. FEI Number

65-0562959

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

LAKE WORTH

City & State

West Palm Beach

Zip

FL

Country

Palm Bch

Zip

33402

Country

Palm Bch

6. Name and Address of Current Registered Agent

KOCH, SANDRA L
1121 SOUTH B ST #2
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandra Koch (SANDRA L Koch)

4-26-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LA FORTUNE, JEAN RV	
STREET ADDRESS	2159 PORT LAND AV	
CITY-ST-ZIP	WELLINGTON FL 33414	(yes)
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOCH, SANDRA L	
STREET ADDRESS	1121 SO. B ST #2	
CITY-ST-ZIP	LAKE WORTH FL 33414	(yes)
TITLE	TD	<input type="checkbox"/> Delete
NAME	RENESCA, ROBERT REV	
STREET ADDRESS	899 NE 83 ST	
CITY-ST-ZIP	MIAMI FL 33128	(yes)
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Koch (SANDRA L Koch)

4-26-04

561-
540-8784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #