

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002867

FILED
Feb 06, 2006
Secretary of State

Entity Name: THE FOUNDATION FOR HEALTHCARE FOR HUMANITY, INC.

Current Principal Place of Business:

5301 N. FEDERAL HWY
210
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5301 N. FEDERAL HWY.
210
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0616502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRONAWITTER, CECILIA L
5301 N. FERDERAL HWY
SUITE 210
BOCA RATON, FL 33487 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: CD () Delete
Name: KRONAWITTER, CECILIA LEAL
Address: 7155 NW 5TH AVE.
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: MUNOZ, LUIS
Address: 22511 SW 66TH AVE #B-108
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: KRONAWITTER, JOHN J
Address: 7155 NW 5TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: M () Delete
Name: RICHARDSON, KARA P
Address: 3550 W. HILLSBORO BLVD, #203
City-St-Zip: COCONUT CREEK, FL 33073

Title: PD () Delete
Name: GOUNDRY, STEPHEN J
Address: 19649 DELAWARE CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: S (X) Delete
Name: PEPE, ANNELL M
Address: 12681 TUCANO CIRCLE
City-St-Zip: BOCA RATON, FL 33428

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:

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 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: CECILIA KRONAWITTER

CD

02/06/2006

Electronic Signature of Signing Officer or Director

Date