


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90034 013 ****61.25

DOCUMENT # N95000002867					
1. Entity Name THE FOUNDATION FOR HEALTHCARE FOR HUMANITY, INC.					
Principal Place of Business 5301 N. FEDERAL HWY # 210 BOCA RATON, FL 33487			Mailing Address 5301 N. FEDERAL HWY. # 210 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0616502	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRONAWITTER, CECILIA L 5301 N. FERDERAL HWY SUITE 210 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name 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 <u><i>Cecilia Kronawitter</i></u> DATE <u>1/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CB President + Chairman	<input type="checkbox"/> Delete	TITLE	D Maria Munoz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRONAWITTER, CECILIA LEAL		NAME	9201 Fairbanks LN. #4	
STREET ADDRESS	7155 NW 5TH AVE.		STREET ADDRESS	Boca Raton, FL 33496	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	D MUNOZ, LUIS	<input type="checkbox"/> Delete	TITLE	D La Rae Kemp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9201 Fairbanks LN. #4		NAME	12251 NW 73rd Street	
STREET ADDRESS	22511 SW 66TH AVE #B-408		STREET ADDRESS	Parkland, FL 33076-4628	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	D KRONAWITTER, JOHN J	<input type="checkbox"/> Delete	TITLE	D Tyrone Kemp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7155 NW 5TH AVE		NAME	12251 NW 73rd Street	
STREET ADDRESS	BOCA RATON, FL 33487		STREET ADDRESS	Parkland, FL 33076-4628	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	M RICHARDSON, KARA P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3550 W. HILLSBORO BLVD, #203		NAME		
STREET ADDRESS	COCONUT CREEK, FL 33073		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD GOUNDRY, STEPHEN J	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19649 DELAWARE CIRCLE		NAME		
STREET ADDRESS	BOCA RATON, FL 33434		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Cecilia Kronawitter* DATE 1/26/07 DAYTIME PHONE # 561-988-9522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR