

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90013 006 ****61.25

DOCUMENT # N95000002867 1. Entity Name THE FOUNDATION FOR HEALTHCARE FOR HUMANITY, INC.					
Principal Place of Business 5301 N. FEDERAL HWY 777 E. ATLANTIC AVE. #210 222 BOCA RATON, FL 33487 Delray Beach, FL 33483				Mailing Address 5301 N. FEDERAL HWY. 777 E. ATLANTIC AVE. #210 222 BOCA RATON, FL 33487 Delray Beach, FL 33483	
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				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRONAWITTER, CECILIA L 5301 N. FEDERAL HWY 777 E. ATLANTIC AVE SUITE 210 BOCA RATON, FL 33487 Delray Beach, FL 33483			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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, 2008		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	PC	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRONAWITTER, CECILIA LEAL		NAME	Tyrone Kemp	
STREET ADDRESS	7155 NW 5TH AVE.		STREET ADDRESS	12251 NW 73rd Street	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	Parkland, FL 33076-4628	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNOZ, LUIS		NAME	Paul Campbell	
STREET ADDRESS	9201 FAIRBANKS LN #4		STREET ADDRESS	8292 Rocky Creek Drive	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	KRONAWITTER, JOHN J		NAME		
STREET ADDRESS	7155 NW 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	RICHARDSON, KARA P		NAME		
STREET ADDRESS	3550 W. HILLSBORO BLVD. #203		STREET ADDRESS		
CITY-ST-ZIP	COGONUT CREEK, FL 33079		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	MUNOZ, MARIA		NAME		
STREET ADDRESS	9201 FAIRBANKS LN #4		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	KEMP, LA RAE		NAME		
STREET ADDRESS	12251 NW 73RD STREET		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL 330764628		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: <i>Cecilia Kronawitter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/27/08 561-330-3388 <small>Date Daytime Phone #</small>		