## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002867

Feb 21, 2011 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

777 E. ATLANTIC AVE., SUITE 222 DELRAY BEACH, FL 33483

**Current Mailing Address: New Mailing Address:** 

777 E. ATLANTIC AVE., SUITE 222 DELRAY BEACH, FL 33483

FEI Number: 65-0616502 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KRONAWITIER, CECILIA L 777 E. ATLANTÍC AVE., SUITE 222 DELRAY BEACH, FL 33483

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:** 

KRONAWITTER, CECILIA LEAL Name:

Address: 7155 NW 5TH AVE. City-St-Zip: BOCA RATON, FL 33487

Title:

Name: MUNOZ, LUIS

Address: 9201 FAIRBANKS LANE - UNIT #4

City-St-Zip: BOCA RATON, FL 33496

Title:

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

Title:

Name: KEMP, TYRONE

4802 CRANBROOK DRIVE E. Address: City-St-Zip: CALLEYVILLE, TX 76034

Title:

MUNOZ, MARIA Name:

9201 FAIRBANKS LANE - UNIT #4 Address:

BOCA RATON, FL 33496 City-St-Zip:

Title:

KEMP, LA RAE Name:

Address: 4802 CRANBROOK DRIVE E. CALLEYVILLE, TX 76034 City-St-Zip:

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: CECILIA KRONAWITTER PC 02/21/2011