

03
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 27 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98 00000 1827

1. Entity Name

Wyclef Jean Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

420 Lexington Ave

Suite, Apt. #, etc.

Suite 1633A

City & State

NY NY

Zip

10170

Country

USA

3. Mailing Address

420 Lexington Ave

Suite, Apt. #, etc.

Suite 1633A

City & State

ny ny

Zip

10170

Country

USA

900019875039

05/27/03--01061--004 **70,00

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823881

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stella McLaughlin

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

9325 Southwest 181st Street

City

miami

FL

Zip Code

33157

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.

SIGNATURE

Stella McLaughlin

May 15, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

2001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Director
Chantal Prud'Homme
504 Manhattan Ave 4R
New York, NY 10027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board Member
Wyclef Jean
228 Highland Road
South Orange, NJ 07079

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board Member
Samuel Jean
228 Highland Rd
South Orange, NJ 07079

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board Member
Joe Voss
2125 W. Irving Park Rd
Chicago, IL 60618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address with all duties like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)