2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N99000001029

Entity Name: HOPE FOR HAITI, INC.

Current Principal Place of Business:

1042 6TH AVE. N.
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1042 6TH AVE. N.
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3564329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUEHNER, JOANNE M
1042 6TH AVENUE NORTH
NAPLES, FL 34102 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: PD ( ) Delete
Name: KUEHNER, JOANNE M
Address: 1042 6TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: VTD ( ) Delete
Name: HUSSEY, KEITH
Address: 900 BROAD AVENUE SOUTH SUITE #2-C
City-St-Zip: NAPLES, FL 34102 US

Title: SD ( ) Delete
Name: KING, LACEY
Address: 900 BROAD AVENUE SOUTH SUITE #2-C
City-St-Zip: NAPLES, FL 34102 US

Title: T ( ) Delete
Name: PROTO, FRANCIS J
Address: 900 BROAD AVENUE SOUTH #2-C
City-St-Zip: NAPLES, FL 34102 US

Title: D ( ) Delete
Name: HUJSA, HOWARD M
Address: 900 BROAD AVENUE SOUTH SUITE #2-C
City-St-Zip: NAPLES, FL 34102 US

Title: D ( ) Delete
Name: HUSHON, JOHN
Address: 900 BROAD AVENUE SOUTH #2-C
City-St-Zip: NAPLES, FL 34102 US

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 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: JOANNE M. KUEHNER PD 03/24/2009
Electronic Signature of Signing Officer or Director Date