

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001029

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** HOPE FOR HAITI, INC.

**Current Principal Place of Business:**

1021 5TH AVE. N.  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1021 5TH 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  
1021 5TH AVE. N.  
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  
Name: KUEHNER, JOANNE M  
Address: 1042 6TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34102 US

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

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

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

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: JOANNE M. KUEHNER

PD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date