

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722445

Entity Name: HEART FOR HAITI FOUNDATION, INC.**Current Principal Place of Business:**418 FLORIDA BLVD
CRYSTAL BEACH, FL 34681**Current Mailing Address:**PO BOX 913
CRYSTAL BEACH, FL 34681 US**FEI Number:** 23-7226989**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHULER, TIMOTHY C
9075 SEMINOLE BLVD
SEMINOLE, FL 33772 US*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**Officer/Director Detail :**

Title	P
Name	BUCKMASTER, GUY T
Address	465 LAKEVIEW DR
City-State-Zip:	PALM HARBOR FL 34683

Title	ST
Name	WOZNIAK, VINCE
Address	100 HAMPTON RD., UNIT 260
City-State-Zip:	CLEARWATER FL 33759

Title	DIRECTOR
Name	FRIED, LYLE
Address	5785 NW WESLEY ROAD
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	D
Name	FOUNTAIN-PHILBERT, NORMA
Address	10712 BAMBOO ROD CIR
City-State-Zip:	RIVERVIEW FL 33569

Title	D
Name	CHARLES, LEONEL
Address	2812-47TH AVE SOUTH
City-State-Zip:	ST PETERSBURG FL 33712

Title	DIRECTOR
Name	MONNIER, TED H DR.
Address	1845 MC CAULEY ROAD
City-State-Zip:	CLEARWATER FL 33765

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: VINCENT P WOZNIAK

ST

04/25/2014

Electronic Signature of Signing Officer/Director Detail_____
Date