

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001543

Entity Name: TALLAHASSEE-HAITI MEDICAL TEAM INC.**Current Principal Place of Business:**2359 FOXBORO WAY
TALLAHASSEE, FL 32309**Current Mailing Address:**2359 FOXBORO WAY
TALLAHASSEE, FL 32309 US**FEI Number:** 27-1912651**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEWAR, WILLIAM V
2359 FOXBORO WAY
TALLAHASSEE, FL 32309 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	DIRECTOR
Name	DEWAR, WILLIAM V
Address	2359 FOXBORO WAY
City-State-Zip:	TALLAHASSEE FL 32309

Title	C
Name	BRAUN, GAIL M
Address	1321 DAVID LANE
City-State-Zip:	CONCORD CA 94518

Title	T
Name	FLEWELLING, ANDREW D
Address	7 JUDGE HASTY
City-State-Zip:	SCARBOROUGH ME 04074

Title	C
Name	MARSHALL, DIANA N
Address	2359 FOXBORO WAY
City-State-Zip:	TALLAHASSEE FL 32309

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: ANDREW D FLEWELLING**TREASURER****04/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date