

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38657

**Entity Name:** HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC.**Current Principal Place of Business:**688 NW 112 STREET, 2ND FLOOR  
SUITE B  
MIAMI, FL 33168**Current Mailing Address:**688 NW 112 STREET, 2ND FLOOR  
SUITE B  
MIAMI, FL 33168 US**FEI Number:** 65-0203195**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**YOLETTE ANTOINE  
12555 NW 1ST AVENUE  
NORTH MIAMI, FL 33168 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:** YOLETTE ANTOINE

04/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P/D
Name	ANTOINE, YOLETTE
Address	12555 NW 1ST AVENUE
City-State-Zip:	NORTH MIAMI FL 33168

Title	VP
Name	ST LOUIS, RONALD
Address	7231 FAIRWAY BLVD.
City-State-Zip:	MIRAMAR FL 33023

Title	ASSISTANT SECRETARY
Name	EUGENE, CLAUDE
Address	5801 SW 27TH STREET
City-State-Zip:	WEST PARK FL 33023

Title	T/D
Name	ANOZARD, HAGAN S
Address	2647 ACAPULCO DRIVE
City-State-Zip:	MIRAMAR FL 33023

Title	SECRETARY
Name	ANOZARD, TIALLETTE E
Address	12555 N.W. 1ST AVENUE
City-State-Zip:	NORTH MIAMI FL 33168

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:** YOLETTE ANTOINE

P/D

04/29/2023

Electronic Signature of Signing Officer/Director Detail

Date