2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2015
Secretary of State
CC8575644463

DOCUMENT# N99000007164

Entity Name: MISSION: HAITI, INC.

Current Principal Place of Business:

750 NW 23RD LANE
ATT: KAREN SMITH
OKEECHOBEE, FL 34972

Current Mailing Address:

2269 SOUTH UNIVERSITY DRIVE
#227
DAVIE, FL 33324 US

FEI Number: 59-3599396

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, KAREN
750 NW 23RD LN
OKEECHOBEE, FL 34972 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	PRESIDENT, DIRECTOR
Name	SMITH, KAREN
Address	750 NW 23RD LN
City-State-Zip:	OKEECHOBEE FL 34972

Title	VP, DIRECTOR
Name	ROUGEUX, JOHN
Address	25024 MAGNOLIA AVE
City-State-Zip:	EUSTIS FL 32736

Title	DIRECTOR
Name	STUEHRENBERG, DARRELL
Address	4311 SW 73 TERR
City-State-Zip:	DAVIE FL 33317

Title	OTHER
Name	ROENFELDT, HELEN
Address	13573 EXOTICA LN
City-State-Zip:	WELLINGTON FL 33414

Title	TREASURER, DIRECTOR
Name	CROUP, DONNA
Address	5941 SW 112 WAY
City-State-Zip:	COOPER CITY FL 33330

Title	SECRETARY, DIRECTOR
Name	JOHNSON, ROSEMARY
Address	901 SW 75 TERR.
City-State-Zip:	PLANTATION FL 32726

Title	DIRECTOR
Name	CROUP, SAMUEL
Address	5941 SW 112 WAY
City-State-Zip:	COOPER CITY FL 33330

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: DONNA CROUP TREASURER 01/08/2015

Electronic Signature of Signing Officer/Director Detail — Date