2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2019
Secretary of State
8299335013CC

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Entity Name: MISSION: HAITI, INC.

Current Principal Place of Business:

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

Current Mailing Address:

3850 S. UNIVERSITY DRIVE
#290171
DAVIE, FL 33329 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	DIRECTOR, PRESIDENT
Name	SMITH, KAREN
Address	750 NW 23RD LN
City-State-Zip:	OKEECHOBEE FL 34972

Title	SECRETARY, DIRECTOR
Name	JOHNSON, ROSEMARY
Address	7148 E TROPICAL WAY
City-State-Zip:	PLANTATION FL 33317

Title	OTHER
Name	ROENFELDT, HELEN
Address	315 LAKE AVE.
City-State-Zip:	LEHIGH ACRES FL 33936-1438

Title	DIRECTOR
Name	KRANZ, SHARON
Address	3068 APPLE BLOSSOM DR
City-State-Zip:	ALVA FL 33920

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

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

Title	DIRECTOR, VP
Name	KALLESEN, DOUGLAS
Address	3850 TG LEE BLVD, #500
City-State-Zip:	ORLANDO FL 32822

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 02/25/2019

Electronic Signature of Signing Officer/Director Detail — Date