SIGNATURE: JEAN HOAGLAND PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Entity Name: HOMEOPATHS WITHOUT BORDERS, INC. **Current Principal Place of Business:**

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

601 MCDONALD STREET **UNIT 108** MOUNT DORA, FL 32757

Current Mailing Address:

DOCUMENT# F1000005450

601 MCDONALD STREET **UNIT 108** MOUNT DORA, FL 32757

FEI Number: 84-1343774

Name and Address of Current Registered Agent:

HOAGLAND, JEAN 601 MCDONALD STREET **UNIT 108** MOUNT DORA, FL 32757 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

Officer/Director Detail :

Title	PD	Title	TD
Name	HOAGLAND, JEAN	Name	LILLARD, JOE
Address	601 MCDONALD STREET #108	Address	260 JR HAWVERMALE WAY
City-State-Zip:	MOUNT DORA FL 32757	City-State-Zip:	BERKELEY SPRINGS WV 25411
		Title	VP
Title	SD	nue	VP
Name	SMITH, SUZANNE	Name	STEMM, LAURIE
		A .1.1	
Address	20 BROOKSDIE LANE	Address	14532 COLOMA LANE

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.

Date

FILED Jan 08, 2014 Secretary of State CC8941339645

Certificate of Status Desired: No

01/08/2014

Date