

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003555

FILED
Apr 04, 2009
Secretary of State

Entity Name: HAITIAN AMERICAN NATIONALISTS FOR DEMOCRACY, INC.

Current Principal Place of Business:

3627 AVE. DE GIEN
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

3627 AVE. DE GIEN
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 52-2277356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTIDOR-DOMOND, MARITZA J
3627 AVE. DE GIEN
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PVC () Delete
Name: ABRAHAM, REGINALD
Address: 434 WOLF HILL ROAD
City-St-Zip: DIX HILLS, NY 11746

Title: S () Delete
Name: OFORI, KOFI A
Address: 1821 SHEPHERD ST NE
City-St-Zip: WASHINGTON, DC 20018

Title: T () Delete
Name: CHARLES, HAROLD
Address: 9108 10TH STREET
City-St-Zip: LANHAM, MD

Title: C () Delete
Name: DANIEL, ROBERT DR.
Address: 18215 SW 4 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: BOUCARD, REGINE
Address: 5225 POOKS HILL ROAD APT. 315-S
City-St-Zip: BETHESDA, MD 20814

Title: D () Delete
Name: LAPLANTHE, CAROLE
Address: 10 GOTHAM AVE.
City-St-Zip: ELMONT, NY 11003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REGINALD ABRAHAM

PVC

04/04/2009

Electronic Signature of Signing Officer or Director

_____ Date