2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90070 040 ****70.00

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1. Entity Name

HAITIAN NEIGHBORHOOD CENTER SANT LA, INC.
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Principal Place of Business	Mailing Address
5000 BISCAYNE BLVD., SUITE 110 MIAMI FL 33137	5000 BISCAYNE BLVD. SUITE 110 MIAMI FL 33137

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1080680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE
C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Gepsie M. Metellus, Executive Director
Street Address (P.O. Box Number is Not Acceptable) 5000 Biscayne Blvd.
Suite 110
City Miami **FL** Zip Code 33137

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gepsie M. Metellus, Executive Director 2/13/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC EGOZI, KAREN BASHA 7300 N. KENDALL DRIVE MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLECKE, BERTA 1265 NW 12TH AVENUE MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAY, BERNARD 1050 ROYAL CARIBBEAN WAY MIAMI FL 33132	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary; Director (DS) ☐ Change ☒ Addition Eugene, Thomas P.O. Box 530632 Miami Shores, FL 33153
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OST ELLISON, JIM 4974 SW 76ND STREET MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DT ☒ Change ☐ Addition 4974 SW 76ST MIAMI FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SERAPHIN, FRED 1351 NW 12TH STREET, ROOM 610 MIAMI FL 33125	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ☐ Change X tion Rulx Jean-Bart 17580 SW 29th Court Miramar, FL 33029
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VODICKA, CHARLES H 9500 S DADELAND BLVD MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2-13-07 786 241-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #