

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 20, 2009
Secretary of State

DOCUMENT# N00000008036

Entity Name: HAITIAN NEIGHBORHOOD CENTER SANT LA, INC.**Current Principal Place of Business:**5000 BISCAYNE BLVD.
SUITE 110
MIAMI, FL 33137**New Principal Place of Business:****Current Mailing Address:**5000 BISCAYNE BOULEVARD, SUITE 110
SUITE 110
MIAMI, FL 33137**New Mailing Address:**5000 BISCAYNE BLVD.
SUITE 110
MIAMI, FL 33137**FEI Number:** 65-1080680**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**METELLUS, GEPSIE M E.D.
5000 BISCAYNE BOULEVARD, SUITE 110
SUITE 110
MIAMI, FL 33137 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:** BOC () Delete
Name: EUGENE, THOMAS
Address: 7300 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33137**Title:** BOT () Delete
Name: O'ROURKE, MICHAEL
Address: 401 LAS OLAS
City-St-Zip: FORT LAUDERDALE, FL 33137**Title:** BOS () Delete
Name: TOUSSAINT, MARIE JO
Address: 1350 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33137**Title:** BOVC () Delete
Name: RENAZILE, JEAN
Address: 13385 SW 28TH STREET
City-St-Zip: MIRAMAR, FL 33137**Title:** BD () Delete
Name: OLIVIER, FRANTZ ESQ
Address: 777 NE 79TH STREET, SUITE 104
City-St-Zip: MIAMI, FL 33137**Title:** BD () Delete
Name: VODICKA, CHARLES H
Address: 9500 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33137**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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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: GEPSIE M. METELLUS

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date