

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT****FILED  
May 01, 2008  
Secretary of State**

DOCUMENT# N01000007278

**Entity Name:** THE COMMUNITY DEVELOPMENT FOUNDATION AND HAITIAN CHILDREN'S RELIEF CENTER, INC.**Current Principal Place of Business:**1108 NW 1ST AVE.  
FT. LAUDERDALE, FL 33302**New Principal Place of Business:****Current Mailing Address:**1108 NW 1ST AVE.  
FT. LAUDERDALE, FL 33302**New Mailing Address:****FEI Number:** 20-1353464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**SAINT JEAN, DIEUSEUL  
1108 NW 1ST AVE.  
FT. LAUDERDALE, FL 33302 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: D ( ) Delete  
Name: SAINT JEAN, DIEUSEUL  
Address: 1108 NW 1ST AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33302Title: D ( ) Delete  
Name: SAINT JEAN, GINETTE  
Address: 1108 NW 1ST AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33302Title: D ( ) Delete  
Name: CHARLES, WILNA  
Address: 1108 NW 1ST AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33302**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:

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: GINETTE SAINT JEAN

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date