


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/29/2003-90539-001-\$5.00-\$5.00 *
5/29/2003-90539-002-\$8.75-\$8.75

03 JUN 27 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name
NOZO00000077
Haitian American orientation center
and social services



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2841 Fowler St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FORT MYERS FL

City & State

Zip Country
33901 USA

Zip Country

4. FEI Number
65-1134676

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Max Pierre

Street Address (P.O. Box Number is Not Acceptable)
2156 Franklin St

City FORT MYERS FL FL Zip Code 33901

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 Max Pierre *[Signature]* 5-21-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE: \$81.25 Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President "D" Oreste Julien 4654 DeLeon ST #164 FTYM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Mercedes Pichard "D" 6750 Panther Lane, FTYM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Scarmozzino, Secret anythg 1617 Hendry St FT MYERS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lillian Nieves, PR "T" 1101 Vineyard Pl Lehigh Area	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Adviser. "T" Claudy MarLouis 4560 DeLeon ST, FTYM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benedict senatus, member 2841 Fowler St FT MYERS "T"	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Max Pierre Director Executive 5-21-03

Signature and typed or printed name of signing officer or director Date

CR2E037B (12/02)