

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011194

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: HAITIAN CHRISTIAN YOUTH FEDERATION INC.

**Current Principal Place of Business:**

1763 N CONGRESS AVE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1763 N CONGRESS AVE  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 86-1165614      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAURORE, SAMMY  
1763 N CONGRESS AVE  
WEST PALM BEACH, FL 33401      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: P ( ) Delete  
Name: LAURORE, SAMMY  
Address: PO BOX 3202  
City-St-Zip: WEST PALM BEACH, FL 33402

Title: VP ( ) Delete  
Name: WILSON, OSCAR  
Address: PO BOX 3202  
City-St-Zip: WEST PALM BEACH, FL 33402

Title: SEC. ( ) Delete  
Name: LEVEILLE, RIGOBERT  
Address: PO BOX 3202  
City-St-Zip: WEST PALM BEACH, FL 33402

Title: TRE ( ) Delete  
Name: JOINVILLE, JEAN R JR.  
Address: PO BOX 3202  
City-St-Zip: WEST PALM BEACH, FL 33402

Title: PR ( ) Delete  
Name: DELINOIS, TANIA  
Address: PO BOX 3202  
City-St-Zip: WEST PALM BEACH, FL 33402

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMMY LAURORE

P

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date