

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45468 (8)**

1. Corporation Name
HAITIAN CENTER FOR FAMILY SERVICES, INC.

5/1/95 - 1 AM 9:11
RECEIVED
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**3359 BELVEDERE ROAD
STE. E
WEST PALM BEACH FL 33406**

**3359 BELVEDERE ROAD
STE. E
WEST PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/04/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0293545** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. # etc 26 Suite, Apt. # etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MARIE E. LAFALAISE
3359 BELVEDERE ROAD
STE. E
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name **MARIE-EVELYNE LAFALAISE**

82 Street Address (P.O. Box Number is Not Acceptable) **3359 BELVEDERE ROAD**

83 **SUITE E**

84 City **WEST PALM BEACH FL** 85 Zip Code **33406**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **MARIE-EVELYNE LAFALAISE, Marie-Evelyne Lafalaise, Executive Director** 3/30/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DURANDISSE, REGINALE
STREET ADDRESS	1001 UPLAND RD
CITY, ST, ZIP	W PALM BCH FL 33401
TITLE	VPD
NAME	LAMARRE, PASCALE
STREET ADDRESS	933 JASMIN DR 8B
CITY, ST, ZIP	LAKE PARK FL 33403
TITLE	SD
NAME	HARWOOD, LINDA
STREET ADDRESS	152 ALCAZAR ST
CITY, ST, ZIP	ROYAL PALM BCH FL 33411
TITLE	DT
NAME	PAUL MATHIAS
STREET ADDRESS	738 NEK ROAD
CITY, ST, ZIP	WEST PALM BEACH FL 33410
TITLE	M
NAME	MATHIAS, MARTHA
STREET ADDRESS	738 NEK RD
CITY, ST, ZIP	WEST PALM BCH FL 33410
TITLE	FED
NAME	MARIE E. LAFALAISE
STREET ADDRESS	115 SEGURA STREET
CITY, ST, ZIP	ROYAL PALM BEACH FL 33411

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR - CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FRANCOIS LAROCHE
13 STREET ADDRESS	3359 Belvedere Road, Ste E
14 CITY, ST, ZIP	West Palm Beach, FL 33406
21 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Joseph M. Dileo
23 STREET ADDRESS	1222 Southeast 3rd Ave
24 CITY, ST, ZIP	Ft. Lauderdale, FL 33316
31 TITLE	DIRECTOR - SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DAVID L. ALEXIS
33 STREET ADDRESS	2120 Okeechobee Blvd
34 CITY, ST, ZIP	West Palm Beach, FL 33409
41 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PATRICK Leconte
43 STREET ADDRESS	2000 P.G.A. Blvd # 3120
44 CITY, ST, ZIP	Palm Beach Gardens, FL 33408
51 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Daniel Bartley
53 STREET ADDRESS	5356 Bosque Ln # 115
54 CITY, ST, ZIP	West Palm Beach, FL 33415
61 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MARK SPATZ
63 STREET ADDRESS	1222 Southeast 3rd Ave
64 CITY, ST, ZIP	Ft. Lauderdale, FL 33316

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption outlined in Sections 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **M. EVELYNE LAFALAISE, Executive Director** 4/26/95 407-471-4139

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR