

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N45468 (8)**  
1. Corporation Name  
**HAITIAN CENTER FOR FAMILY SERVICES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>3359 BELVEDERE ROAD<br/>STE. E<br/>WEST PALM BEACH FL 33406</b> | Mailing Address<br><b>3359 BELVEDERE ROAD<br/>STE. E<br/>WEST PALM BEACH FL 33406</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/04/1991</b>   |  |
| 4. FEI Number<br><b>65-0293545</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                            |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 <b>Same</b>                 | 26 <b>Same</b>         |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc. |
| 23 City & State                | 28 City & State        |
| 24 Zip                         | 29 Zip                 |
| 25 Country                     | 30 Country             |

**9. Name and Address of Current Registered Agent**

**LAURENT, GUY  
3359 BELVEDERE ROAD  
STE E  
WEST PALM BEACH FL 33406**

**10. Name and Address of New Registered Agent**

81 Name **Same**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE Guy Laurent *Guy Laurent* DATE **4/2/98**

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

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 1.1 TITLE   | <b>Jean Albert Pun</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       | <b>LAROCHE, FRANCOIS</b>                             | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3359 BELVEDERE ROAD, STE E</b>                    | 1.3 STREET ADDRESS                                    | <b>300 West Atlantic Ave</b>  |
| CITY-ST-ZIP                | <b>W PALM BCH FL</b>                                 | 1.4 CITY-ST-ZIP                                       | <b>Delray Beach, FL 33444</b>   |
| TITLE                      | <b>DC</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <b>Rocely T Bartheleny</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>STEVENS, KARLENE S</b>                            | 2.2 NAME  |   |
| STREET ADDRESS             | <b>NORTHBRIDGE CENTER, 3 FL., 515 N FLAGLERDR</b>    | 2.3 STREET ADDRESS                                    | <b>2000 PGA Blvd, N/A</b>   |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL</b>                            | 2.4 CITY-ST-ZIP                                       | <b>West Palm Beach, FL 33416</b>  |
| TITLE                      | <b>DS</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <b>Frantz Mony</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| NAME                       | <b>ALEXIS, DAVID L.</b>                              | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2120 OKEECHOBEE BLVD</b>                          | 3.3 STREET ADDRESS                                    | <b>11204 Mahogany Dr.</b>   |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL</b>                            | 3.4 CITY-ST-ZIP                                       | <b>Boynton Beach, FL 33436</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 4.1 TITLE   |   |
| NAME                       | <b>LECONTE, PATRICK</b>                              | 4.2 NAME  |   |
| STREET ADDRESS             | <b>2000 PGA BLVD #3120</b>                           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PALM BEACH GARDENS FL</b>                         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 5.1 TITLE   |   |
| NAME                       | <b>BARTLEY, DANIEL</b>                               | 5.2 NAME  |   |
| STREET ADDRESS             | <b>5356 BOSQUE LN #115</b>                           | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL</b>                            | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   |   |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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: [Signature] DATE: **4/2/98** (801) 471-4139

CR2E037 (10/97)