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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45468

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

Principal Place of Business 9350 BELVEDERE ROAD STE E WEST PALM BEACH FL 33406 33407	Mailing Address 2715 Australian Ave 9350 BELVEDERE ROAD STE E WEST PALM BEACH FL 33406 33407
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2. Principal Place of Business 21 2715 N. Australian Ave. West Palm Beach, Fl. 33407 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 2715 N. Australian Ave. West Palm Beach, Fl. 33407 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 10/04/1991 4. FEI Number 65-0293545 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent LAURENT, GUY 3350 BELVEDERE ROAD 2715 Australian Ave STE E WEST PALM BEACH, FL 33406 33407	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE PUN, JEAN ALBERT 300 WEST ATLANTIC AVE DELRAY BEACH FL 33444	1.1 TITLE DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dominique Joseph 4330 Community Dr. West Palm Beach, FL 33409
TITLE D	<input checked="" type="checkbox"/> DELETE BARTHELEMY, ROODY T. P.O. BOX 20813 N/A WEST PALM BEACH FL 33416	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eddy Rexis 1192 W 26th Street #2 Riviera Bch, FL 33404
TITLE D	<input checked="" type="checkbox"/> DELETE THONY, FRANZ 11204 MAHOGANY DR BOYNTON BEACH FL 33436	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walter Dominique 595 Silver beach Rd. Riviera Beach, FL 33404
TITLE DC	<input checked="" type="checkbox"/> DELETE LECONTE, PATRICK 2000 PGA BLVD #3120 PALM BEACH GARDENS FL	4.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andre Sylvain 4322 Empress Street Palm Beach Garden, FL 33410
TITLE DT	<input checked="" type="checkbox"/> DELETE BARTLEY, DANIEL 5356 BOSQUE LN #115 WEST PALM BEACH FL	5.1 TITLE DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Raymond J Marie U. Boussiquot 8272 Bermuda Sound way Boynton Beach, FL 33436
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: _____ **REQUIRE** March 4, 1999 (561) 366-8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)