

FILE NOW: FILING FEE IS \$61.25 *Amended*

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *N45468*

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

99 JUN -7 AM 8:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
<b>2715 N Australian Ave. West Palm Beach, Fl 33407</b>	<b>2715 N Australian Ave. West Palm Beach, Fl 33407</b>

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <b>Same</b>	26 <b>Same</b>	<b>10/04/91</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<b>65-0293545</b>
City & State	City & State	Applied For
23	28	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing
		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>ARRIEUX, ROBERT</b> <b>2715 N AUSTRALIAN AVE.</b> <b>WEST PALM BEACH, FL 33407</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	<b>FL</b>

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: **ROBERT ARRIEUX** DATE: **4/30/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CHAIR</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LECONTE, PATRICK</b>	1.2 NAME	<b>800002907528--2</b>
STREET ADDRESS	<b>2000 PGA BLVD # 3120</b>	1.3 STREET ADDRESS	<b>-06/17/99--01045--007</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	1.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	<b>VICE CHAIR</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUN, JEAN ALBERT</b>	2.2 NAME	
STREET ADDRESS	<b>300 WEST ATLANTIC AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33444</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLEY, DANIEL</b>	3.2 NAME	
STREET ADDRESS	<b>5356 BOSQUE LN # 115</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHELEMY, ROODY</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 20813</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33416</b>	4.4 CITY-ST-ZIP	
TITLE	<b>2ND SECRETARY</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THONY, FRANTZ</b>	5.2 NAME	
STREET ADDRESS	<b>11204 MAHOGANY DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>	5.4 CITY-ST-ZIP	
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: *[Signature]* DATE: **4/30/99** (561) 366-8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)