

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90100 043 ****70.00

DOCUMENT # N45468

1. Entity Name

HAITIAN CENTER FOR FAMILY SERVICES, INC.



Principal Place of Business

**2715 N. AUSTRALIAN AVE.
WEST PALM BEACH FL 33407**

Mailing Address

**2715 N. AUSTRALIAN AVE.
WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0293545**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ARRIEUX, ROBERT
2715 N. AUSTRALIAN AVE.
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	LECONTE, PATRICK	
STREET ADDRESS	2000 PGA BLVD. #3120	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARTHELEMY, ROODY	
STREET ADDRESS	P.O. BOX 20813	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	D	<input type="checkbox"/> Delete
NAME	THONY, FRANTZ	
STREET ADDRESS	11204 MAHOGANY DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	T	<input type="checkbox"/> Delete
NAME	WASHINGTON, BILL	
STREET ADDRESS	2715 N. AUSTRALIAN AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESORMEAUX, ROLAND FATHER	
STREET ADDRESS	2715 N. AUSTRALIAN AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILIPPE, SABIN J	
STREET ADDRESS	2715 N. AUSTRALIAN AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03 561-366-8003

CR2E037 (10/02)

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