

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

03-31-2004 90038 025 ****70.00

DOCUMENT # N02000003908					
1. Entity Name HAITIAN COMMUNITY SERVICES OF SOUTH DADE, INC.					
Principal Place of Business 13327 SW 46TH LANE MIAMI FL 33175			Mailing Address 13327 SW 46TH LANE MIAMI FL 33175		
2. Principal Place of Business SAME			3. Mailing Address same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. EI Number 33-1007697	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURAND, VIOLETTE 13327 SW 46TH LANE MIAMI FL 33175				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 <u><i>Violette Durand</i></u> - VIOLETTE DURAND 3-23-04 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 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	D DURAND, VIOLETTE - <i>President</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JOLY PRYOR</i> ☒ Change ☒ Addition 13200 S.W. 128 Street Miami, Fla. 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHOLE, PAUL A - <i>Vice President</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Francoise Leon</i> ☒ Change ☒ Addition 19945 S.W. 135 Ave Miami, Fla. 33177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OGEE, MARIE-ALICE ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEGUERRE, TAINA ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 <u><i>Violette Durand</i></u> - VIOLETTE DURAND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				8:00AM TO 4:30 PM 305-585-6132 3-23-04 Daytime Phone #	