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

DOCUMENT # N99000002926

SIGNATURE: >

1. Entity Name
THE HAITIAN ASSOCIATION FAMILY, INC.

					100			03	MAY .	-6	PM 1: 13		
Principal Plac	e of Business	3	Mailing Addre	ess									
140 W. 41ST STREET JACKSONVILLE, FL 32207			P.O. BOX 6692 JACKSONVILLE, FL 32236-6692				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
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2. Principal Place of Business			3. Mailing Address]							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number Applied For S9-3751305 Not Applicable						
Zip Country		Zip	Zip C		5. Certificate of		of Status [Desired		\$8.75 Add	litional		
	6. Name	and Address of Curren	t Registered Agen	nt .			7. Name and	Address	of New Rec	istered	Agent		
PAUL, BOOZ					Name	PAUL	L, 8002				• • •		
5205 HANCOCK ROAD JACKSONVILLE, FL 32254							Street Address (P.O. Box Number is Not Acceptable)						
O, CO, CO CO		,					507, 6th STREET South. City Tax Beach Fl. FL Zip Code 32350						
				City TAX			Beach Fi	1.		FI	Zip Cod	2250	
	named entity	submits this statement to ered agent.	or the purpose of o	changing its re						da. I am	familiar with,	and accept	
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SIGNATURE	Signature, typed	or primed name of registered ager	n and title if applicable.	(NOTE: F	Registered Agent Signal	ture required	when minstaking)			CATE	· ,	_ 	
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FILE NOW: FEE: IS \$61.25					laian Einanainn		ee oo				L. Dove bla	 ************************************	
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	FILE NOW	: HEE IS(\$61.25	BEARS STOREAGUS SEAST	Trust Fund Co	-		Added to Fees				rtment of S		
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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 addiges, with all other like empowered.

STANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

05-06.03.