

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

DOCUMENT # N99000002926

1. Entity Name
THE HAITIAN ASSOCIATION FAMILY, INC.



FILED

03 MAY -6 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
140 W. 41ST STREET
JACKSONVILLE, FL 32207

Mailing Address
P.O. BOX 6692
JACKSONVILLE, FL 32236-6692

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3751305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL, BOOZ
5205 HANCOCK ROAD
JACKSONVILLE, FL 32254

Name PAUL, BOOZ

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

507, 6th STREET South.

City JAX Beach FL.

FL

Zip Code 32250

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 (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 P ☐ Delete
NAME PAUL, BOOZ
STREET ADDRESS 5205 HANCOCK RD.
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE P ☐ Change ☐ Addition
NAME Wilson, JEAN LOUIS
STREET ADDRESS 3760 University Blvd S. Apt 1051
CITY-ST-ZIP JAX, FL. 32216

TITLE D ☐ Delete
NAME DOMOND, BERNARD
STREET ADDRESS 141 W. 41ST ST.
CITY-ST-ZIP JAX, FL 32207

TITLE D ☐ Change ☐ Addition
NAME Bernard Domond.
STREET ADDRESS 141 W. 41ST STREET
CITY-ST-ZIP JAX FL. 32207

TITLE SD ☐ Delete
NAME PAUL, MARJORIE L
STREET ADDRESS 5205 HANCOCK RD.
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE T ☐ Change ☐ Addition
NAME Tina Edwards
STREET ADDRESS 7201 Arlington Exp Way Apt 103
CITY-ST-ZIP JAX FL. 32211

TITLE V ☐ Delete
NAME LOUIS, WILSON JEAN
STREET ADDRESS 222 BLAIRMORE BLVD., #89
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE SP ☐ Change ☐ Addition
NAME Valencia Walker
STREET ADDRESS 507 6th STREET ST
CITY-ST-ZIP JAX Beach FL. 32250

TITLE T ☐ Delete
NAME PAUL, MARIE T
STREET ADDRESS 222 BLAIRMORE BLVD., #89
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE VP ☐ Change ☐ Addition
NAME BOOZ, A. PAUL
STREET ADDRESS 507, 6th STREET ST.
CITY-ST-ZIP JAX Beach FL. 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-06-03.

Date

Daytime Phone #

CR2E037 (10/02)