2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# 761090

Entity Name: HAITIAN MISSION OF POMPANO INCORPORATED

Current Principal Place of Business:

333 HAMMONDVILLE RD
PO BOX 2086
POMPANO BCH, FL 33061

New Principal Place of Business:

Current Mailing Address:

333 HAMMONDVILLE RD
PO BOX 2086
POMPANO BCH, FL 33061

New Mailing Address:

FEI Number: 59-2348302 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUMORNAY, JACQUES
1584 N.W. 65 AVENUE
MARGATE, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	DUMORNAY, RAYMONDE,	
Address:	1584 NW 65TH AVE	
City-St-Zip:	MARGATE, FL 00000,	
Title:	PD	( ) Delete
Name:	DUMORNAY, JACQUES,	
Address:	1584 NW 65TH AVE	
City-St-Zip:	MARGATE, FL 00000,	
Title:	TD	( ) Delete
Name:	INBERT PIERRE NIXON,	
Address:	6413 BRAEBURN	
City-St-Zip:	N. LAUDERDALE, FL	
Title:	V	( ) Delete
Name:	FLEURY, PIERRE JOSEP, H	
Address:	1030 SW 14TH STREET	
City-St-Zip:	DEERFIELD BEACH, FL	
Title:	D	( ) Delete
Name:	MITTON, MARIE J.,	
Address:	1318 INTERLACHEN ST.	
City-St-Zip:	NORTH LAUDERDALE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MITTON, MARIE J.,	
Address:	1318 INTERLACHEN ST.	
City-St-Zip:	NORTH LAUDERDALE, FL 33068	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUES DUMORNAY PD 01/13/2004

Electronic Signature of Signing Officer or Director — Date