

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761090

FILED
Jan 22, 2008
Secretary of State

Entity Name: HAITIAN MISSION OF POMPANO INCORPORATED

Current Principal Place of Business:

301/333 HAMMONDVILLE ROAD
POMPANO BCH, FL 33060

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 (X)

Name and Address of Current Registered Agent:

DUMORNAY, JACQUES
1584 N.W. 65 AVENUE
MARGATE, FL 33063 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: IMBERT PIERRE NIXON,
Address: 6413 BRAEBURN
City-St-Zip: N. LAUDERDALE, FL

Title: V () Delete
Name: JEAN LOUIS HERMANN,
Address: 2441 NE 3RD AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: LEONARD, MARIE J.,
Address: 1318 INTERLACHEN ST.
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: JEAN PIERRE ALFRED,
Address: 4150 NW 66TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33067

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

REV

01/22/2008

Electronic Signature of Signing Officer or Director

Date