

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003901

FILED  
Sep 04, 2006  
Secretary of State

**Entity Name:** HAITIAN CENTER FOR CONCILIATION AND DEMOCRATIC EDUCATION INC. (CHACED)

**Current Principal Place of Business:**

135-24 222ND STREET  
LAURELTON, NY 11413

**New Principal Place of Business:**

**Current Mailing Address:**

135-24 222ND STREET  
LAURELTON, NY 11413

**New Mailing Address:**

**FEI Number:** 11-2870762      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FRANCOIS, GERVAIS  
112 GLENDALE DRIVE  
LONGWOOD, FL 32750      US

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: P/D      ( ) Delete  
Name: SIMON, FRITZ  
Address: 135-24 222ND STREET  
City-St-Zip: LAURELTON, NY 11413

Title: D      ( ) Delete  
Name: CHARLES, FRITZ  
Address: 137-96 NW 21ST STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D      ( ) Delete  
Name: FRANCOIS, GERVAIS  
Address: 112 GLENDALE DRIVE  
City-St-Zip: LONGWOOD, FL 32750

Title: S/T      ( ) Delete  
Name: MILIEN, FRANCOIS G  
Address: 3 HICKORY DRIVE  
City-St-Zip: EAST-STRAUBURG, PA 18301

Title: V/D      ( ) Delete  
Name: SIMON, EMMANUEL  
Address: 313 NE 29TH STREET  
City-St-Zip: POMPANO BEACH, FL 330644514

Title: M      ( ) Delete  
Name: FLEURIZARD, ST LOUIS  
Address: 2247 RODMAN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

**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 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: FRITZ SIMON

P

09/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date