## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000003901

Apr 28, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 135-24 222ND STREET 135-24 222ND STREET LAURELTON, NY 11413 LAURELTON, NY 11413 US **Current Mailing Address: New Mailing Address:** 135-24 222ND STREET LAURELTON, NY 11413 FEI Number: 11-2870762 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANCOIS, GERVAIS 112 GLENDALE DRIVE US LONGWOOD, FL 32750 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P/D () Delete () Change () Addition SIMON, FRITZ Name: Name: 135-24 222ND STREET Address: Address: City-St-Zip: LAURELTON, NY 11413 City-St-Zip: Title: () Delete Title: D/T (X) Change ( ) Addition CHARLES, FRITZ Name: CHARLES, FRITZ Name: Address: 137-96 NW 21ST STREET Address: 137-96 NW 21ST STREET City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028 Title: () Delete Title: () Change () Addition FRANCOIS, GERVAIS Name: Name: Address: 112 GLENDALE DRIVE Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: S/T ( ) Delete Title: (X) Change ( ) Addition Name: MILIEN, FRANCOIS G Name: MILIEN, FRANCOIS G Address: 5516 JASON RD Address: 5516 JASON RD City-St-Zip: GREENSBORO, NC 27405 City-St-Zip: GREENSBORO, NC 27405 Title: V/D () Delete Title: () Change () Addition FLEURIZARD, ST LOUIS Name: Name: 2247 RODMAN STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MASSIAH, MAGALIE H Name: Name: Address: Address: 414 HANCOCK STREET BROOKLYN, NY 11216 US City-St-Zip: 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: FRITZ SIMON P/D 04/28/2009