

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003901

FILED
Apr 12, 2010
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 US

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 (X)**

Name and Address of Current Registered Agent:

FRANCOIS, GERVAIS
112 GLENDALE DRIVE
LONGWOOD, FL 32750 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: P/D
Name: SIMON, FRITZ
Address: 135-24 222ND STREET
City-St-Zip: LAURELTON, NY 11413

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

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

Title: S
Name: MILIEN, FRANCOIS G
Address: 5516 JASON RD
City-St-Zip: GREENSBORO, NC 27405

Title: V/D
Name: FLEURIZARD, ST LOUIS
Address: 2247 RODMAN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D
Name: MASSIAH, MAGALIE H
Address: 414 HANCOCK STREET
City-St-Zip: BROOKLYN, NY 11216 US

I hereby 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 all other like empowered.

SIGNATURE: FRITZ SIMON

PRES

04/12/2010

Electronic Signature of Signing Officer or Director

Date