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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003844 (4)**

1. Corporation Name

HAITIAN CHILDREN'S FUND, INC.



Principal Place of Business 2660 RIVERSIDE DRIVE CORAL SPRINGS FL 33065	Mailing Address 2660 RIVERSIDE DRIVE CORAL SPRINGS FL 33065
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3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

95-4054532

Applied For

Not Applicable

2. Principal Place of Business

21 209 N Atlantic Blvd

Suite, Apt. #, etc.

22 14 J

23 Fort Lauderdale Florida

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 Pox 480183

Suite, Apt. #, etc.

27 Fort Lauderdale Florida

Zip

29 33348-083

Country

30 USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GARRISON, LYNN
HAITIAN CHILDREN'S FUND, INC.
2660 RIVERSIDE DRIVE
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name Robert Morgan

82 Street Address (P.O. Box Number is Not Acceptable)

209 N Atlantic Blvd.

83 Suite 14 J

84 City Fort Lauderdale

FL

85 Zip Code 33304

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert Morgan Robert Morgan

Feb 10, 1998

Signature, typed or printed name of registered agent and title if applicable

(Not Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	GARRISON, LYNN	
STREET ADDRESS	4910 NW 79TH AVE #107	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	WCD	<input type="checkbox"/> DELETE
NAME	TRANCHANT, CAROLLE	
STREET ADDRESS	562 AUTOROUTE DELMAS, PORT-AU-PRINCE	
CITY-ST-ZIP	HAITI, WEST INDIES	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUEHLE, M L	
STREET ADDRESS	12301 WILSHIRE BLVD #318	
CITY-ST-ZIP	LOS ANGELES CA 90025	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WESSON, BARBARA	
STREET ADDRESS	400 N VALENCIA	
CITY-ST-ZIP	LA HABRA CA 90631	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.C.O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Morgan, Robert	
1.3 STREET ADDRESS	209 N Atlantic Blvd #14J	
1.4 CITY-ST-ZIP	Fort Lauderdale FL 33304	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE **Robert Morgan Robert Morgan** **Feb 10, 1998** **95-4054532**

CP2E037 (10/97)