

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005479

FILED
Jul 25, 2005
Secretary of State

Entity Name: HAITIAN AMERICAN CHISTIAN ORGANIZATION, INC.

Current Principal Place of Business:

9959 NW 7TH AVENUE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

9959 NW 7TH AVENUE
MIAMI, FL 33150

New Mailing Address:

FEI Number: 31-1742596 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

JOACEUS, HENRY
2750 W. OAKLAND PARK BLVD
SUITE 10-B
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

JOACEUS, HENRY
2754 W. OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 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: HENRY JOACEUS

07/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLEURINOR, BERNIE
Address: 385 NE 129TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: FLEURINOR, LUCIENNE
Address: 385 NE 129TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: GAMA, JOSEPH
Address: 12245 NW 18 COURT
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: FLEURINOR, JEAN
Address: 9920 NW 7TH AVENUE
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: SAINVIL, MARC W
Address: 9920 NW 7TH AVENUE
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: MILIEN, EVENS
Address: 13390 NE 5 AVENUE
City-St-Zip: NORTH MIAMI, FL 33161

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 Section 119.07(3)(i), 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: BERNIE FLEURINOR

D

07/25/2005

Electronic Signature of Signing Officer or Director

Date