

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005479

FILED  
Jul 20, 2006  
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:**

9979 NW 7TH AVENUE  
MIAMI, FL 33150

**Current Mailing Address:**

9959 NW 7TH AVENUE  
MIAMI, FL 33150

**New Mailing Address:**

9979 NW 7TH AVENUE  
MIAMI, FL 33150

**FEI Number:** 31-1742596      **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:**

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

D

07/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date