

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# N00000006393

Entity Name: HOPE FOR HAITI'S CHILDREN INC.

Current Principal Place of Business:

474 FOREST LAKES DR.
STERRETT, AL 35147

New Principal Place of Business:

Current Mailing Address:

474 FOREST LAKES DR.
STERRETT, AL 35147

New Mailing Address:

FEI Number: 65-1040282 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KHAWLY, CYNTHIA
16477 SW 100TH TERRACE
MIAMI, FL 33196 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: KHAWLY, CYNTHIA
Address: 474 FOREST LAKES DR
City-St-Zip: STERRETT, AL 35147

Title: D () Delete
Name: KHAWLY, PATRICE
Address: 16477 SW 100TH TERRACE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: CASIMIR, YVETTE
Address: 16477 SW 100TH TERRACE
City-St-Zip: MIAMI, FL 33196

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:

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: CYNTHIA KHAWLY

D

10/12/2009

Electronic Signature of Signing Officer or Director

Date