



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90046 026 ****70.00

DOCUMENT # N00000008524 1. Entity Name HAITIAN AMERICAN CITIZENSHIP AND VOTER EDUCATION CENTER INC.			
Principal Place of Business 8370 NE 2ND AVE MIAMI, FL 33138 US		Mailing Address 8370 NE 2ND AVE MIAMI, FL 33138 US	
2. Principal Place of Business - No P.O. Box # 9999 N.E. 2nd Ave. Suite, Apt. #, etc. Suite 303 City & State Miami Shores Zip 33138 Country US		3. Mailing Address 9999 N.E. 2nd Ave. Suite, Apt. #, etc. Suite 303 City & State Miami Shores Zip 33138 Country US	
			
		06192007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1072355		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DESPINOSSE, JACQUES 95 NE 131 ST NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILIPPE, ROSELINE <input type="checkbox"/> Delete 12205 NE MIAMI CT NORTH MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP <input type="checkbox"/> Delete SANON, HENRY DR 550 NE 125 ST NORTH MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <input type="checkbox"/> Delete CHARLES, SIDNEY P.O. BOX 694910 MIAMI, FL 33269	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete AUGUSTIN, IVANOVNA 62 NW 48 ST MIAMI, FL 33127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete JOSEPH, STACEY 62 NW 48 ST MIAMI, FL 33127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete EVARISTE, LEOPOLD 12790 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>07/16/07</u> Daytime Phone # _____	