2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N01000002658

Entity Name: HAITIAN-AMERICAN CULTURAL SOCIETY, INC.

Current Principal Place of Business:

855 NE 143RD STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

3887 RODEO DRIVE
SEBRING, FL 33875

New Mailing Address:

FEI Number: 65-1104551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOUSSAINT, MARIE R
3887 RODEO DRIVE
SEBRING, FL 33875 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:	PDT	( ) Delete
Name:	TOUSSAINT, MARIE R	
Address:	3887 RODEO DRIVE	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	( ) Delete
Name:	RAMEAU, YOLAINE	
Address:	20325 HIGHLAND LAKES BLVD	
City-St-Zip:	N MIAMI BCH, FL 33179	
Title:	VD	( ) Delete
Name:	ORIOL, MICHELE	
Address:	P O BOX 14	
City-St-Zip:	LES CAYES, HAITI,	
Title:	TD	( ) Delete
Name:	SAUREL, PHILIPPE	
Address:	10210 SYATES AVE.	
City-St-Zip:	CHICAGO, IL 60617	

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:	TD	(X) Change ( ) Addition
Name:	SAUREL, PHILIPPE	
Address:	10210 S. YATES AVE.	
City-St-Zip:	CHICAGO, IL 60617	

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: MARIE ROSY TOUSSAINT, MD PDT 04/30/2007

Electronic Signature of Signing Officer or Director — Date