

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005375

FILED
Mar 20, 2009
Secretary of State

Entity Name: HOPE FOR HAITI CHILDREN'S CENTER INCORPORATED

Current Principal Place of Business:

600 RINEHART ROAD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

PO BOX 608148
ORLANDO, FL 328608148

New Mailing Address:

FEI Number: 59-3735653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLITZA, CAROL R
808 CALABRIA DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

RESTAINO, CAROL R
808 CALABRIA DRIVE
ALTAMONTE SPRINGS, FL 32714 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: CAROL R. RESTAINO

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ESTRELLA, DANITA M P
Address: 201 BLUE LAKE DR.
City-St-Zip: LONGWOOD, FL 32779

Title: DV () Delete
Name: WILSON, BILL VP
Address: 17 MENAHAN ST.
City-St-Zip: BROOKLYN, NY 11237

Title: D () Delete
Name: HUTCHINSON, MARY
Address: 198 DUCK POND ROAD
City-St-Zip: GROTON, MA 01450

Title: D () Delete
Name: JONES, JAKE
Address: 12875 S. 305 WEST AVE.
City-St-Zip: BRISTOW, OK 74010

Title: C () Delete
Name: CROW, MARK CHAIR
Address: 4375 NW 178 ST
City-St-Zip: EDMOND, OK 73003

Title: ST () Delete
Name: MCBROOM, DOROTHY G S/T
Address: 150 POINCIANA LN
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ESTRELLA, DANITA M P
Address: 600 RINEHART ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: RESTAINO, CAROL R
Address: 808 CALABRIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: CAROL R. RESTAINO

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date