


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

04-28-2004 90167 028 ****61.25

4/28

000000000000 N01000007278
 1. Entity Name
THE HAITIAN COMMUNITY SERVICE CENTER, INC.



Principal Place of Business
 1108 NW 1ST AVE.
 FT. LAUDERDALE, FL 33302

Mailing Address
 1108 NW 1ST AVE.
 FT. LAUDERDALE, FL 33302

66430066



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04232004 000000 0000000000000000
 4. FEI Number
APPLIED FOR 201353464 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 00000000000000000000

6. Name and Address of Current Registered Agent
SAINT JEAN, DIEUSEUL
 1108 NW 1ST AVE.
 FT. LAUDERDALE, FL 33302

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 00000000000000000000

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINT JEAN, DIEUSEUL 1108 NW 1ST AVE. FT. LAUDERDALE, FL 33302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINT JEAN, GINETTE 1108 NW 1ST AVE. FT. LAUDERDALE, FL 33302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES, WILNA 1108 NW 1ST AVE. FT. LAUDERDALE, FL 33302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: Dieuseul Saint Jean 4/23/04 954-588-5082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66430066

THE LAW OFFICES OF
PAUL N. LASHBROOK
A PROFESSIONAL ASSOCIATION

THE ADVOCATE BUILDING
315 SOUTHEAST SEVENTH STREET
SUITE 200
FORT LAUDERDALE, FLORIDA 33301-3158

TELEPHONE 954-527-1200
PALM BEACH 561-734-2520
MIAMI-DADE 305-940-4125
FACSIMILE 954-761-8224

July 13, 2004

The Secretary of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

In re: The Haitian Community Service Center, Inc.
Reference number N01000007278

Gentlemen:

Please find enclosed a copy of the annual report for the above-referenced non-profit corporation with the requested EIN number provided. Please file it upon receipt.

Please do not hesitate to contact me if you have any questions. Thank you for your assistance in this matter.

Yours truly,

Paul N. Lashbrook/md
Paul N. Lashbrook

PNL:md

enclosures

certified mail number 7003 2260 0000 6152 0721; return receipt requested