# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2006**
**Secretary of State**

DOCUMENT# N01000008005

**Entity Name:** HAITIAN-AMERICAN COMMUNITY HELP ORGANIZATION, INC.

**Current Principal Place of Business:**

4693 N. STATE ROAD 7
441
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4693 N STATE RD 7
441
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number: 31-1701649** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ACCIME, GOMEZ U
4410 NW 37TH ST
LAUDERDALE LAKES, FL 33319 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: PD ( ) Delete
Name: BONNIE, ALBERT J
Address: 3294 NW 6TH AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: VD ( ) Delete
Name: JOSEPH, ANCELET
Address: 4693 N. STATE ROAD 7
City-St-Zip: FT LAUDERDALE, FL 33311

Title: SD ( ) Delete
Name: ACCIME, GOMEZ U
Address: 4410 NW 37TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BEAUBIEN, FONTANE
Address: 4693 N. STATE ROAD 7
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TR (X) Change ( ) Addition
Name: JEAN-PIERRE, KENIER
Address: 4410 NW 37TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the 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: AL BONNIE PD 04/29/2006

Electronic Signature of Signing Officer or Director — Date