

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008604

FILED
Mar 27, 2005
Secretary of State

Entity Name: FLORIDA HAITIAN STUDENT ASSOCIATION, INC.

Current Principal Place of Business:

3305 OCEAN BREEZE PLACE
VALRICO, FL 33549

New Principal Place of Business:

Current Mailing Address:

3305 OCEAN BREEZE PLACE
VALRICO, FL 33549

New Mailing Address:

FEI Number: 59-3707320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICTOR, ROLAND
3305 OCEAN BREEZE PLACE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

TIME, MATHILDE
15512 MORNING DRIVE
LUTZ, FL 33559 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: MATHILDE TIME

03/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: VICTOR, ROLAND
Address: 3305 OCEAN BREEZE PLACE
City-St-Zip: VALRICO, FL 33594

Title: VD () Delete
Name: GERMAIN, MESMIN
Address: 8408 W. RIVERCHASE DR.
City-St-Zip: TAMPA, FL 33639

Title: TD () Delete
Name: CHANEA, PATRICK
Address: 5219 MATADOR CT #1
City-St-Zip: TAMPA, FL 333617

Title: D (X) Delete
Name: TIME, MATHILDE
Address: 15512 MORNING DR
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: PIERRE, MICHELA
Address: 10301 VENITIA REAL
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: TIME, MATHILDE
Address: 15512 MORNING DRIVE
City-St-Zip: LUTZ, FL 33559

Title: VD (X) Change () Addition
Name: PHELIZOR, KERLINE
Address: 2060 NW 1ST AVE
City-St-Zip: POMPANO, FL 33060

Title: D (X) Change () Addition
Name: MILIAS, NATHALIE
Address: 11605 NW 13TH AVE
City-St-Zip: MIAMI, FL 33167

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

Title: TD (X) Change () Addition
Name: PIERRE, MICHELA
Address: 10301 VENITIA REAL
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELA

TD

03/27/2005

Electronic Signature of Signing Officer or Director

Date