2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006
Secretary of State

DOCUMENT# N01000008604

Entity Name: FLORIDA HAITIAN STUDENT ASSOCIATION, INC.

Current Principal Place of Business:

3305 OCEAN BREEZE PLACE
VALRICO, FL 33549

New Principal Place of Business:

4234 BALMORAL CT
WESLEY CHAPEL, FL 33543

Current Mailing Address:

3305 OCEAN BREEZE PLACE
VALRICO, FL 33549

New Mailing Address:

4234 BALMORAL CT
WESLEY CHAPEL, FL 33543

FEI Number: 59-3707320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TIME, MATHILDE
15512 MORNING DRIVE
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

TIME, MATHILDE
4234 BALMORAL CT
WESLEY CHAPEL, FL 33543 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 07/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) 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: 4234 BALMORAL CT
City-St-Zip: WESLEY CHAPEL, FL 33543

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 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: MATHILDE TIME CD 07/17/2006
Electronic Signature of Signing Officer or Director Date