

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003686

FILED
Apr 22, 2005
Secretary of State

Entity Name: HAITIAN-AMERICAN COMMUNITY HELP CENTER, INC.

Current Principal Place of Business:

14535-C MILITARY TRAIL
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

PO BOX 272085
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 20-0012765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISMA, EMMANUEL
87 NW 15TH PLACE
POMPANO BCH, FL 33060 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: P () Delete
Name: ISMA, EMMANUEL
Address: 87 NW 15TH PLACE
City-St-Zip: POMPANNO BCH, FL 33060

Title: V () Delete
Name: BERNAVIL, PATRICK
Address: 500 SW 2ND AVE #210
City-St-Zip: BOCA RATON, FL 33432

Title: S () Delete
Name: BERNAVIL, JENNIFER
Address: 4966 LINCOLN RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: CERANT, FRANIZ
Address: 830 SW 15 ST AP 1
City-St-Zip: POMPANNO BEACH, FL 33060

Title: D () Delete
Name: CORIOLAND, YVES
Address: 116 NE 15TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: JULES, CHARLES JR
Address: 901 NW 8TH AVE #118
City-St-Zip: POMPANNO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: JENNIFER RACINE-BERNAVIL

S

04/22/2005

Electronic Signature of Signing Officer or Director

Date