

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007684

FILED
Apr 30, 2008
Secretary of State

Entity Name: HAITIAN YOUTH AND COMMUNITY CENTER OF FLORIDA, INC.

Current Principal Place of Business:

6501 NORTH MIAMI AVENUE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

P.O BOX 380973
MIAMI, FL 33238

New Mailing Address:

FEI Number: 22-3877877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONDESTIN, JEAN R
20036 NW 64 PL
MIAMI, FL 33015 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: D () Delete
Name: CHARLOT, JEAN Y
Address: 4100 NW 114TH AVENUE
City-St-Zip: CORAL SPRING, FL 33065

Title: PD () Delete
Name: VATEL, DOSHLET
Address: 4554 FRANWOOD DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: PHILIPPE, ROSELINE
Address: 12205 NE MIAMI CT
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD () Delete
Name: SUFFY, MARIE G
Address: 60 NW 189 ST
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: ALCIME, JEAN N
Address: 2221 SHERMAN CIRCLE SOUTH, APT. E303
City-St-Zip: MIRAMAR, FL 33025

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:

I hereby certify that the information supplied with this filing does not qualify 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: JEAN MONDESTIN

RA

04/30/2008

Electronic Signature of Signing Officer or Director

Date