



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90091 009 ****61.25

DOCUMENT # N02000008291 1. Entity Name FIRST HAITIAN COMMUNITY CENTER OF CENTRAL FLORIDA INCORPORATED																																																																																																																													
Principal Place of Business 114 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805				Mailing Address 114 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805																																																																																																																									
2. Principal Place of Business 1259 N. Pine Hills Rd Suite, Apt. #, etc.		3. Mailing Address 1259 N. Pine Hills Rd Suite, Apt. #, etc.																																																																																																																											
City & State Orlando FL		City & State Orlando FL		4. FEI Number 41-2079012																																																																																																																									
Zip 32808		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent BELABRE, JEAN- ROBERT 10668 FAIRHAVEN WAY ORLANDO, FL 32825				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P BELABRE, JEAN-ROBERT</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">10668 FAIRHAVEN WAY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32825</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">FRANCOIS, MARIE JOSE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">114 N OBT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32805</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">VERLY, LOUINOR</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">114 N OBT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32805</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">ALTINE, MERITE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">114 N OBT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32805</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">VERRET, ROGER</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">114 N OBT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32805</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">DORCEAN, MICHEL</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">114 N OBT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32805</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	P BELABRE, JEAN-ROBERT	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	10668 FAIRHAVEN WAY		CITY-ST-ZIP	ORLANDO, FL 32825		TITLE	VP	<input type="checkbox"/> Delete	NAME	FRANCOIS, MARIE JOSE		STREET ADDRESS	114 N OBT		CITY-ST-ZIP	ORLANDO, FL 32805		TITLE	S	<input type="checkbox"/> Delete	NAME	VERLY, LOUINOR		STREET ADDRESS	114 N OBT		CITY-ST-ZIP	ORLANDO, FL 32805		TITLE	S	<input type="checkbox"/> Delete	NAME	ALTINE, MERITE		STREET ADDRESS	114 N OBT		CITY-ST-ZIP	ORLANDO, FL 32805		TITLE	T	<input type="checkbox"/> Delete	NAME	VERRET, ROGER		STREET ADDRESS	114 N OBT		CITY-ST-ZIP	ORLANDO, FL 32805		TITLE	T	<input type="checkbox"/> Delete	NAME	DORCEAN, MICHEL		STREET ADDRESS	114 N OBT		CITY-ST-ZIP	ORLANDO, FL 32805		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
SIGNATURE: _____ 4-11-05 407 497 3667 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													