


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008498
 1. Entity Name
LITTLE HAITI EMPOWERMENT CENTER, INC.



Principal Place of Business
**920 N.W. 179TH STREET
 MIAMI, FL 33169**

Mailing Address
**920 N.W. 179TH STREET
 MIAMI, FL 33169**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

08192004 Chg-NP CR2E037 (10/03)

4. FEI Number
30-0173794

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JEAN-BAPTISTE, CHRISTINE E
920 N.W. 179TH STREET
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	IBAPTISITE, CHRISTINE J	
STREET ADDRESS	920 NW 179 ST	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHARLES, JUDE	
STREET ADDRESS	11713 NE 2ND AVE	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	T	<input type="checkbox"/> Delete
NAME	VANCOL, JOSEPH K	
STREET ADDRESS	6520 TAFT ST #244	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JEAN-BAPTISTE, BONNIE	
STREET ADDRESS	920 NW 179 ST	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNARD, LESLY	
STREET ADDRESS	111 NW 183 ST	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINTALIA, ISMA	
STREET ADDRESS	17601 NW 12 CT	
CITY-ST-ZIP	MIAMI, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

U00000172172
 09/13/04-80002-015 70.00

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: *Christine Jean-Baptiste* **COO** *Christine Jean-Baptiste (305) 657-2709*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #