

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008498

FILED
May 13, 2009
Secretary of State

Entity Name: LITTLE HAITI EMPOWERMENT CENTER, INC.

Current Principal Place of Business:

920 N.W. 179TH STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

920 N.W. 179TH STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 30-0173794 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

JEAN-BAPTISTE, CHRISTINE E
920 N.W. 179TH STREET
MIAMI, FL 33169 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: PD () Delete
Name: IBAPTISITE, CHRISTINE J
Address: 920 NW 179 ST
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: CHARLES, JUDE
Address: 11713 NE 2ND AVE
City-St-Zip: MIAMI, FL 33161

Title: T () Delete
Name: VANCOL, JOSEPH K
Address: 6520 TAFT ST #244
City-St-Zip: HOLLYWOOD, FL 33024

Title: SD () Delete
Name: JEAN-BAPTISTE, BONNIE
Address: 920 NW 179 ST
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: BERNARD, LESLY
Address: 111 NW 183 ST
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: FINTALIA, ISMA
Address: 17601 NW 12 CT
City-St-Zip: MIAMI, FL

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
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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: JBC

PD

05/13/2009

Electronic Signature of Signing Officer or Director

Date