

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004910

FILED
May 03, 2005
Secretary of State

Entity Name: HAITIAN EDUCATION PROJECT, INC.

Current Principal Place of Business:

33701 STATE ROAD 52
SAINT LEO, FL 335746665

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6665-MC 2286
SAINT LEO, FL 335746665

New Mailing Address:

FEI Number: 90-0097521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

COOPER, MICHAEL W FR.
SAINT LEO UNIVERSITY MINISTRY-MC2186
33701 STATE ROAD 52
SAINT LEO, FL 335746665 US

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: SAINT-PREUX, LAUDE
Address: 14923 WILLOWBROOK DRIVE
City-St-Zip: DADE CITY, FL 33523

Title: SVP () Delete
Name: CHIRIBOGA, MARIA VICTORIA
Address: 9807 N. 54TH STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: AS () Delete
Name: HERNANDEZ, ADELA
Address: 1512 D.B. HICKS ROAD
City-St-Zip: BRYCEVILLE, FL 32009

Title: T () Delete
Name: HILES, STACY
Address: 9713 CYPRESS POND AVE
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: VICTOR, ROLAND
Address: 3305 OCEAN BREEZE PL
City-St-Zip: VALRICO, FL 33594

Title: CH () Delete
Name: CERVENY, CAROLINE D
Address: 557 DOVE TERRACE WEST
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAINT-PREUX, LAUDE
Address: 27326 BREAKERS DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HERNANDEZ, ADELA
Address: 1512 D.B. HICKS ROAD
City-St-Zip: BRYCEVILLE, FL 32009

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: LAUDE SAINT-PREUX

P

05/03/2005

Electronic Signature of Signing Officer or Director

Date