


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90063 036 ****70.00

DOCUMENT # N03000004910 1. Entity Name HAITIAN EDUCATION PROJECT, INC.					
Principal Place of Business 33701 STATE ROAD 52 SAINT LEO, FL 33574-6665			Mailing Address P.O. BOX 6665-MC 2286 SAINT LEO, FL 33574-6665		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 90-0097521	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, MICHAEL W FR. SAINT LEO UNIVERSITY MINISTRY-MC2186 33701 STATE ROAD 52 SAINT LEO, FL 33574-6665				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAINT-PREUX, LAUDE MR. 27326 BREAKERS DRIVE WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson Domonique Bazin 3041 Ridge Vale Circle Valrico, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH ZIMMERER, TOM DR. 33701 STATE ROAD 52 SAINT LEO, FL 33574-6665	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairperson John Tapper 3385 South Highway 149 Eagan, MN 55121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANE, MARTINSON SR. 33201 STATE ROAD 52 SAINT LEO, FL 33574	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Clifton Theodore 33601 West State Road 62 Saint Leo, FL 33574	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUCHELL, JIM MR. 33701 STATE ROAD 52 SAINT LEO, FL 33574-6665	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Anne Sajous 2005 Flourshire Drive Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LACAN, ENDA MS. 33701 STATE ROAD 52-MC3637 SAINT LEO, FL 33574-6665	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Cara CoHrell 3385 South Highway 149 Eagan, MN 55121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCH SURIN, JIMMY MR. 33701 STATE ROAD 52 SAINT LEO, FL 33574-6665	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Debbie-Ann Gordon 33701 State Road 62 - MC 4175 Saint Leo, FL 33574	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-20-07 352-588-8013 <small>Date Daytime Phone #</small>		