

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004910

FILED
May 08, 2009
Secretary of State

Entity Name: HAITIAN EDUCATION PROJECT, INC.

Current Principal Place of Business:

1901 NORTH 66TH ST.
TAMPA, FL 33619 US

New Principal Place of Business:

1901 NORTH 66TH ST.
TRAINING ROOM
TAMPA, FL 33619 US

Current Mailing Address:

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

New Mailing Address:

33701 STATE ROAD 52, P.O. BOX 6665-MC 2286
SAINT LEO UNIVERSITY CAMPUS, APT 1 LOBBY
SAINT LEO, FL 33574 US

FEI Number: 90-0097521 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:

COOPER, MICHAEL W REV.
SAINT LEO UNIVERSITY MINISTRY-MC2186
33701 STATE ROAD 52
SAINT LEO, FL 335746665 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: P () Delete
Name: SAINT-PREUX, LAUDE MR.
Address: 27326 BREAKERS DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: C () Delete
Name: BAZIN, DOMINIQUE MS.
Address: VISA LODGE HOTEL, ROUTE DE L'AEPORT
City-St-Zip: PORT-AU-PRINCE, W WI HT

Title: S () Delete
Name: JANE, MARTINSON SISTER
Address: 33201 STATE ROAD 52
City-St-Zip: SAINT LEO, FL 33574 US

Title: VC () Delete
Name: TAPPER, JOHN MR.
Address: 3358 SOUTH HIGHWAY 149
City-St-Zip: EAGAN, MN 55121 US

Title: SV () Delete
Name: THEODORE, CLIFTON MR.
Address: 33601 WEST STATE RD 52
City-St-Zip: SAINT LEO, FL 33574 US

Title: T () Delete
Name: COTTRELL, CARA MS.
Address: 3358 SOUTH HIGHWAY 149
City-St-Zip: EAGAN, MN 55121 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAINT-PREUX, LAUDE MR.
Address: 10319 VENITIA REAL AVE, APT 311
City-St-Zip: TAMPA, FL 33647 US

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

Title: S (X) Change () Addition
Name: WOODARD, RANDALL DR.
Address: 11905 ORANGE ROAD DRIVE
City-St-Zip: DADE CITY, FL 33525 US

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

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

Title: T (X) Change () Addition
Name: MAGDA, ROBLES MS.
Address: 11387 LONG HILL COURT
City-St-Zip: SPRING HILL, FL 34609 US

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: LAUDE SAINT-PREUX

P

05/08/2009

Electronic Signature of Signing Officer or Director

Date