

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008644

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** ACADEMIE CHRETIENNE HAITIENNE D'ORLANDO, INC.

**Current Principal Place of Business:**

2514 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2514 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 20-0337360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PHAREL, BERNADETTE  
7318 EDNITAS WAY  
ORLANDO, FL 32818 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: PHAREL, BERNADETTE  
Address: 7318 EDNITAS WAY  
City-St-Zip: ORLANDO, FL 32818

Title: S ( ) Delete  
Name: CARLSON, CONSTANCE M  
Address: 27036 SR 44  
City-St-Zip: EUSTIS, FL 32736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: BERNADETTE PHAREL

CEO

04/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date