

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009797

FILED
May 01, 2007
Secretary of State

Entity Name: HAITIAN PHILANTHROPIC FOUNDATION, INC.

Current Principal Place of Business:

5900 TRIPHAMMER RD
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5900 TRIPHAMMER RD
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 05-0577861 **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:

GEDEON, MORELUS T
5900 TRIPHAMMER RD
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

GEDEON, JACQUELINE
5900 TRIPHAMMER RD
LAKE WORTH, FL 33463 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: JACQUELINE GEDEON

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GEDEON, MORELUS T
Address: 5900 TRIPHAMMER RD
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: GEDEON, JACQUELINE J
Address: 5900 TRIPHAMMER RD
City-St-Zip: LAKE WORTH, FL 33463

Title: S () Delete
Name: DANTES, RIVIERE
Address: 5763 LANCOLE CIR E
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: NORSIL, MAXENE
Address: 421 S E STREET #1
City-St-Zip: LAKE WORTH, FL 33460

Title: VC () Delete
Name: MICHEL, FRITZ
Address: 330 SOUTH D STREET #1
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: EXEUS, FINAL S
Address: 412 SOUTH D STREET #1
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GEDEON, JACQUELINE
Address: 5900 TRIPHAMMER RD
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Change () Addition
Name: GEDEON, MORELUS J
Address: 5900 TRIPHAMMER RD
City-St-Zip: LAKE WORTH, FL 33463

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
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: JACQUELINE GEDEON

C

05/01/2007

Electronic Signature of Signing Officer or Director

Date