

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009797

1. Entity Name
HAITIAN PHILANTHROPIC FOUNDATION, INC.



Principal Place of Business
5900 TRIPHAMMER RD
LAKE WORTH, FL 33463

Mailing Address
5900 TRIPHAMMER RD
LAKE WORTH, FL 33463

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082008

Chg-NP

CR2E037 (12/06)

4. FEI Number
05-0577861

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEDEON, JACQUELINE
5900 TRIPHAMMER RD
LAKE WORTH, FL 33463

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME GEDEON, JACQUELINE
STREET ADDRESS 5900 TRIPHAMMER RD
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D ☐ Delete
NAME GEDEON, MORELUS J
STREET ADDRESS 5900 TRIPHAMMER RD
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE S ☐ Delete
NAME DANTES, RIVIERE
STREET ADDRESS 5763 LANCOLE CIR E
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D ☐ Delete
NAME NORSIL, MAXENE
STREET ADDRESS 421 S E STREET #1
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE VC ☐ Delete
NAME MICHEL, FRITZ
STREET ADDRESS 330 SOUTH D STREET #1
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE D ☐ Delete
NAME EXEUS, FINAL S
STREET ADDRESS 412 SOUTH D STREET #1
CITY-ST-ZIP LAKE WORTH, FL 33460

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME U00000959934
STREET ADDRESS 09/23/08-80001-005 61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/27/08 (561) 577-2220
Date Daytime Phone #