

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003890

FILED
Apr 30, 2005
Secretary of State

Entity Name: HAITIAN CHILDREN RELIEF FUND INC.

Current Principal Place of Business:

8450 NW 61ST.
PARKLAND, FL 33067

New Principal Place of Business:

9804 MAJORCA PLACE
BOCA RATON, FL 33434

Current Mailing Address:

8450 NW 61ST.
PARKLAND, FL 33067

New Mailing Address:

9858 GLADES RD #217
BOCA RATON, FL 33434

FEI Number: 20-1307288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, KARLIE
1770 BANYAN CREEK CIRCLE N.
BOYNTON BEACH, FL 33436 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: PRES () Delete
Name: MARCELIN, GISLAINE M
Address: 8450 NW 61ST.
City-St-Zip: PARKLAND,, FL 33067

Title: V/P () Delete
Name: GEFFRARD, YVES REV.
Address: 22094 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33428

Title: S () Delete
Name: CASSAGNOL, MAUD
Address: 9804 MAJORCA PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: LARRIEUX, GESSY
Address: 23237 SW 61ST AVE.
City-St-Zip: BOCA RATON, FL 33428

Title: PR () Delete
Name: JOSEPH, JUDITH
Address: 18352 CORAL ISLES DRIVE
City-St-Zip: MOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MARCELIN, GISLAINE M
Address: 8450 NW 61 ST
City-St-Zip: PARKLAND, FL 33067

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 for the exemption stated in Section 119.07(3)(i), 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: MAUD CASSAGNOL

S

04/30/2005

Electronic Signature of Signing Officer or Director

Date