

N04000000 3890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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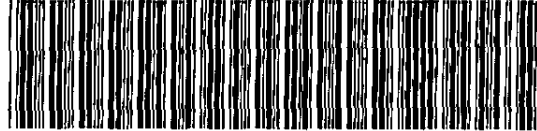
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

60

T. Smith

MAY 12 2005

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HAITIAN CHILDREN RELIEF FUND, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000003890

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAUD CASSAGNOL  
(Name of Person)

HAITIAN CHILDREN RELIEF FUND, INC.  
(Name of Firm/Company)

9858 GLADES ROAD #217  
(Address)

BOCA RATON, FL 33434-3983  
(City/State and Zip Code)

For further information concerning this matter, please call:

MAUD CASSAGNOL at (561) 504-9665  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

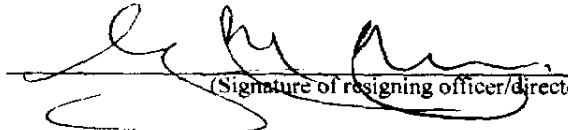
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Dr. GISLAINE M. MARCELIN, hereby resign as PRESIDENT  
(Title)

of HAITIAN CHILDREN RELIEF FUND INC.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED**  
**05 MAY -5 AM 11:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314