## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004316

Entity Name: HAITIANS FOR A BETTER SOCIETY INC.

FILED May 22, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

UNIVERSITY OF SOUTH FLORIDA UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE 2020 E. 131ST AVE. #26 TAMPA, FL 33612

TAMPA, FL 33620

**Current Mailing Address:** New Mailing Address:

UNIVERSITY OF SOUTH FLORIDA UNIVERSITY OF SOUTH FLORIDA 2020 E. 131ST AVE. #26 4202 EAST FOWLER AVENUE USF 30646

TAMPA, FL 33612 TAMPA, FL 33620

FEI Number: 73-1710143 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: Name and Address of New Registered Agent:

DORFEUILLE, RONALD 1310 N. 20TH STREET APT, 12 TAMPA, FL 336123760 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.

DORFEUILLE, RONALD 2020 E. 131ST AVE. #26 TAMPA, FL 33612 US

SIGNATURE: 05/22/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete DORFEULLE, RONALD PRESIDE DORFEULLE, RONALD PRES Name: Name:

Address: 13130 N 20 TH STREET APT 12 Address: 2020 E. 131ST AVE. City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

Title: ( ) Delete Title: (X) Change ( ) Addition SOUFFRANT, FRANTZY DIRECTO SOUFFRANT, FRANTZY V-PRES Name: Name:

Address: 12701 N 50TH STREET #1 Address: 4380 NW 35TH AVE.

City-St-Zip: TAMPA, FL 33617 City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: () Delete Title: (X) Change ( ) Addition ELVEUS, JODES DIRECTO Name: NAMPHY, JOSEPH M TREAS Name: 12707 FRENCH QUARTER PLACE 7153 NW 49TH CT. Address: Address:

City-St-Zip: TAMPA, FL 33612 City-St-Zip: FORT LAUDERDALE, FL 33319

Title: () Delete Title: ( ) Change (X) Addition CALIZAIRE, CLIVANTZ SEC Name: Name: 6515 SW 27TH ST. Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33023

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: RONALD DORFEUILLE **PRES** 05/22/2007