

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010898

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** CARING FOR HAITIAN ORPHANS WITH AIDS, INC.

**Current Principal Place of Business:**

13 CLAYTON LANE  
STATESBORO, GA 30461

**New Principal Place of Business:**

**Current Mailing Address:**

13 CLAYTON LANE  
STATESBORO, GA 30461

**New Mailing Address:**

**FEI Number:** 20-2344610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DENIS-LUQUE, MARIE F  
13 CLAYTON LANE  
STATESBORO, FL 30461 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:** ED  
**Name:** DENIS-LUQUE, MARIE F MRS.  
**Address:** 13 CLAYTON LANE  
**City-St-Zip:** STATESBORO, GA 30461

**Title:** BC  
**Name:** RUTH, ANNA MS.  
**Address:** 866 41ST AVE. NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33703

**Title:** VC  
**Name:** CATHELINE, LAMOUR  
**Address:** 10808 KEYS GATE DR.  
**City-St-Zip:** RIVERVIEW, FL 33579

**Title:** VC  
**Name:** LAMOUR, CATHELINE MRS.  
**Address:** 10808 KEYS GATE DR.  
**City-St-Zip:** RIVERVIEW, FL 33579

**Title:** A  
**Name:** LUQUE, JOHN S DR  
**Address:** 13 CLAYTON LANE  
**City-St-Zip:** STATES BORO, GA 30461

**Title:** M  
**Name:** SIMPSON, KELLY DR  
**Address:** 24 TINSBURY PLACE  
**City-St-Zip:** DURHAM, NC 27713

I hereby 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 all other like empowered.

**SIGNATURE:** MARIE FLORENCE DENIS-LUQUE

ED

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date