

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011254

FILED
Apr 06, 2005
Secretary of State

Entity Name: HAITIAN MUSEUM OF ART AND CULTURE, INC.

Current Principal Place of Business:

265 HAWTHORNE GROVES BLVD #25-201
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

265 HAWTHORNE GROVES BLVD #25-201
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 13-4289998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILLAUME, FREDERIC M
265 HAWTHORNE GROVES BLVD #25-201
ORLANDO, FL 32835 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: PFD () Delete
Name: GUILLAUME, FREDERIC M
Address: 265 HAWTHORNE GROVES BLVD #25-201
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: FERDINAND, MARIE E
Address: 1323 37TH ST
City-St-Zip: ORLANDO, FL 32839

Title: SD () Delete
Name: MATHURIN, DOMINIQUE
Address: 2013 CRICKET DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D () Change (X) Addition
Name: CAYO, GINA
Address: 1240 MERCEDES PLACE
City-St-Zip: ORLANDO, FL 32804

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: FREDERIC M GUILLAUME

PFD

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date