

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002411

FILED
Mar 30, 2006
Secretary of State

Entity Name: HAITIAN FOUNDATION FOR CHILDREN & FAMILIES, INC.

Current Principal Place of Business:

563 DAVIS ROAD
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

563 DAVIS ROAD
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PIERRE, ANNE L.
563 DAVIS ROAD
DELRAY BEACH, FL 33445 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: DP () Delete
Name: PIERRE, ANNE L.
Address: 563 DAVIS ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: DVP () Delete
Name: ALCINDOR, PRUDENT
Address: 1050 AUBURN CIRCLE S., APT. C
City-St-Zip: DELRAY BEACH, FL 33444

Title: DT () Delete
Name: ST. PIERRE, MARIE
Address: 563 DAVIS ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: DS () Delete
Name: PIERRE, MARTIN
Address: 563 DAVIS ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: FRANCOIS, DARDELLE T.
Address: 9873 LAWRENCE RD.
City-St-Zip: BOYNTON BEACH, FL 33436

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ADVP (X) Change () Addition
Name: ALCINDOR, PRUDENT
Address: 1050 AUBURN CIRCLE S., APT. C
City-St-Zip: DELRAY BEACH, FL 33444

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: DVP () Change (X) Addition
Name: RODRIGUEZ G., GUERLINE
Address: 1882 S.W MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNE L PIERRE

DP

03/30/2006

Electronic Signature of Signing Officer or Director

Date