2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90031 022 ****61.25

DOCUMENT #-N05000002411

1. Entity Name

HAITIAN FOUNDATION FOR CHILDREN & FAMILIES, INC.

Principal Place of Business	Mailing Address
563 DAVIS ROAD DELRAY BEACH FL 33445	563 DAVIS ROAD DELRAY BEACH FL 33445

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
USA	563 Davis Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach	City & State: FL 33445
Zip / Country	Zip / Country

4. FEI Number: AP-PLIED FOR ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIERRE, ANNE L. 563 DAVIS ROAD DELRAY BEACH FL 33445	Name: Anne L. Pierre Street Address (P.O. Box Number is Not Acceptable): 1852 S.E Carvalho Street City: Port St Lucie FL Zip Code: 34983

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Anne L Pierre 1/25/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address) Date

FILE NOW: FEE IS $61.25 **Due By May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PIERRE, ANNE L.		NAME	
STREET ADDRESS	563 DAVIS ROAD		STREET ADDRESS	1852 Carvalho Street
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	Port St Lucie Fl 34983
TITLE	ADVP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALCINDOR, PRUDENT		NAME	
STREET ADDRESS	1050 AUBURN CIRCLE S., APT. C		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP	
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ST. PIERRE, MARIE		NAME	
STREET ADDRESS	563 DAVIS ROAD		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PIERRE, MARTIN		NAME	
STREET ADDRESS	563 DAVIS ROAD		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCOIS, DARDELLE T.		NAME	
STREET ADDRESS	9873 LAWRENCE RD.		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ G., GUERLINE		NAME	
STREET ADDRESS	1882 S.W MONTERREY LANE		STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne L Pierre 1/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #