


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2008 8:00 am
Secretary of State

08-01-2008 90040 004 ****61.25

DOCUMENT # N05000002411	
1. Entity Name HAITIAN FOUNDATION FOR CHILDREN & FAMILIES, INC.	

Principal Place of Business 563 DAVIS ROAD DELRAY BEACH FL 33445	Mailing Address 563 DAVIS ROAD DELRAY BEACH FL 33445
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66016278



2. Principal Place of Business - No P.O. Box # 1852 SE Carvalho Street Suite, Apt. #, etc.	3. Mailing Address 1852 SE Carvalho Street Suite, Apt. #, etc.
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2nd MOORE CR2E037 (4/08)

City & State Port St Lucie FL	City & State Port St Lucie FL
Zip 34983	Zip 34983
Country USA	Country USA

4. FEI Number AP-PLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent PIERRE, ANNE L. 1852 SE CARVALHO STREET PORT SAINT LUCIE FL 34983	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: For signed Agent signature (P.O. Box is not acceptable))

DATE

FILE NOW: FEE IS \$81.25
Due By September 3, 2008

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	
TITLE DP	<input type="checkbox"/> Delete
NAME PIERRE, ANNE L.	
STREET ADDRESS 1852 CARVALHO ST	
CITY-ST-ZIP PORT SAINT LUCIE FL 34983	
TITLE ADVP	<input type="checkbox"/> Delete
NAME ALCINDOR, PRUDENT	
STREET ADDRESS 1050 AUBURN CIRCLE S., APT. C	
CITY-ST-ZIP DELRAY BEACH FL 33444	
TITLE DT	<input type="checkbox"/> Delete
NAME ST. PIERRE, MARIE	
STREET ADDRESS 563 DAVIS ROAD	
CITY-ST-ZIP DELRAY BEACH FL 33445	
TITLE DS	<input type="checkbox"/> Delete
NAME PIERRE, MARTIN	
STREET ADDRESS 563 DAVIS ROAD	
CITY-ST-ZIP DELRAY BEACH FL 33445	
TITLE D	<input type="checkbox"/> Delete
NAME FRANCOIS, DARDELLE T.	
STREET ADDRESS 9873 LAWRENCE RD.	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE DVP	<input type="checkbox"/> Delete
NAME RODRIGUEZ G., GUERLINE	
STREET ADDRESS 1882 S.W. MONTERREY LANE	
CITY-ST-ZIP PORT ST. LUCIE FL 34953	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Pierre, Anne L.	
STREET ADDRESS 1852 SE Carvalho Street	
CITY-ST-ZIP Port St Lucie FL 34983	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Alcindor, Prudent	
STREET ADDRESS 5685 Strawberry Lake Circle	
CITY-ST-ZIP Lake Worth FL 33463	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME St Pierre, Marie	
STREET ADDRESS 563 Davis Rd	
CITY-ST-ZIP Delray Bch FL 33445	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Pierre, Martin	
STREET ADDRESS 1852 SE Carvalho Street	
CITY-ST-ZIP Port St Lucie FL 34983	
TITLE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Francois, T. Dardelle	
STREET ADDRESS 563 Davis Rd Delray Bch FL 33445	
CITY-ST-ZIP FL 33445	
TITLE E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Rodriguez, G. Guerline	
STREET ADDRESS 1882 SW Monterrey Lane	
CITY-ST-ZIP Port St Lucie FL 34953	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/08

Date

Daytime Phone #

ATTACHMENT



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

66016278

N05000002411

Date of this notice: 12-24-200

Employer Identification Number:
83-0414124

Form: SS-4

Number of this notice: CP 575



HAITIEN FOUNDATION FOR CHILDREN &
% ANNE L PIERRE
563 DAVIS RD
DEL RAY BEACH FL 33445

For assistance you may call us
1-800-829-4933

000872

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-0414124. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.