

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002411

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

1852 SE CARVALHO STREET
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

1852 SE CARVALHO STREET
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 83-0414124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, ANNE L.
1852 SE CARVALHO STREET
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

PIERRE, ANNE L.
1852 SE CARVALHO STREET
PORT SAINT LUCIE, FL 34983 US

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: ANNE L. PIERRE

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PIERRE, ANNE L.
Address: 1852 SE CARVALHO STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP () Delete
Name: ALCINDOR, PRUDENT
Address: 5685 STRAWBERRY LAKE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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

Title: S () Delete
Name: PIERRE, MARTIN
Address: 1852 SE CARVELHOL STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: AS () Delete
Name: FRANCOIS, DARDELLE T
Address: 563 DAVIS RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: C () Delete
Name: RODRIGUEZ G., GUERLINE
Address: 1882 SW MONTERRY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/28/2009

Electronic Signature of Signing Officer or Director

Date