

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002411

FILED  
Mar 23, 2012  
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:**

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: PD  
Name: PIERRE, ANNE L.  
Address: 1852 SE CARVALHO STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP1  
Name: LIZETTE, BERNADINE  
Address: 515 NW 145TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: VP2  
Name: ST. PIERRE, MARIE  
Address: 2413 S.E. STONECROP STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T  
Name: GUERLINE, RODRIGUEZ  
Address: 1882 MONTERRY LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S  
Name: KATRINA, JOSEPH  
Address: 603 STATE RD 7 APT 1C  
City-St-Zip: MARGATE, FL 33061

I hereby 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 all other like empowered.

SIGNATURE: ANNE L. PIERRE

PD

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date