## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004785

FILED Jul 13, 2006 Secretary of State

Entity Name: HAITIAN PASTORS FOR SOCIAL SERVICE FOR THE COMMUNITY, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
3901 N.W MIAMI, FL	/. 2ND AVENUE _ 33127			
Current I	Mailing Address:	New Mailing Addres	s:	
3901 N.W MIAMI, FL	/. 2ND AVENUE _ 33127			
	or: FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did no d Address of Current Registered Agent:		Certificate of Status Desired ( )  of New Registered Agent:	
	VIL, GUEILLANT PASTOR			
	/. 2ND AVENUE _ 33127 US			
MIAMI, Fl The abov		ourpose of changing its registere	ed office or registered agent, or both,	
MIAMI, Fl The abov	_ 33127 US e named entity submits this statement for the p te of Florida.	ourpose of changing its registere	ed office or registered agent, or both,	
MIAMI, FI The abov in the Sta	_ 33127 US e named entity submits this statement for the p te of Florida.		ed office or registered agent, or both,  Date	
MIAMI, FI The abov in the Sta SIGNATL	_ 33127 US e named entity submits this statement for the p te of Florida.  JRE:	ent		
MIAMI, FI The abov in the Sta SIGNATL	e named entity submits this statement for the pte of Florida.  JRE:  Electronic Signature of Registered Age  RS AND DIRECTORS:  D () Delete  ETIENNE, EMY PASTOR 749 NE 82ND STREET	ent	Date	
MIAMI, FI The abov in the Sta SIGNATL  OFFICER Title: Name: Address:	e named entity submits this statement for the pte of Florida.  JRE:  Electronic Signature of Registered Age  RS AND DIRECTORS:  D () Delete ETIENNE, EMY PASTOR 749 NE 82ND STREET MIAMI, FL 33138  D () Delete DORCINVIL, GUEILLANT PASTOR 1511 NE 146 STREET	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: EMY ETIENNE D 07/13/2006