

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007455

FILED
May 01, 2006
Secretary of State

Entity Name: BROWARD HAITIAN COMMUNITY CENTER INC.

Current Principal Place of Business:

1105 NW 6 AVE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1105 NW 6 AVE
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 38-3727851 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RC, REV
1105 NW 6 AVE
FT LAUDERDALE, FL 33311 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRETON, ERNST
Address: 8332 N MISSIONWOOD CIRCLE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: DESRAMEAUT, ERMANIE
Address: 1471 NW 60TH AVE
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: LOUISSAINT, CLAUDE
Address: 900 NW 31 AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: P () Delete
Name: AUGUSTIN, ELENA
Address: 801 W OAKLAND PARK BLVD C-11
City-St-Zip: FT LAUDERDALE, FL 33311

Title: V (X) Delete
Name: JABOUIN, FANYA
Address: 11410 NW 30 PLACE
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: LHERISSON, JUDE R
Address: 4003 N UNIVERSITY DR APT B210
City-St-Zip: FT LAUDERDALE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DELVA, RONEL
Address: 310 SE 2 AVENUE #A6
City-St-Zip: DEERFIELD BEACH, FL 33441

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

Title: D (X) Change () Addition
Name: PAUL, MARIE NATHALY
Address: 1363 SEAVIEW DRIVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: () Change () Addition
Name:
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 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: ELENA AUGUSTIN

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date