

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010492

Entity Name: HAITISBABIES.ORG, INC.

FILED  
Jun 23, 2009  
Secretary of State

## Current Principal Place of Business:

966 18TH PLACE SW  
VERO BEACH, FL 32962

## New Principal Place of Business:

1450 16TH COURT SW  
VERO BEACH, FL 32962

## Current Mailing Address:

PO BOX 151  
VERO BEACH, FL 329610151

## New Mailing Address:

FEI Number: 20-3645307      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: DPT      ( ) Delete  
Name: PLOURDE, BEVERLY  
Address: 1450 16TH COURT SW  
City-St-Zip: VERO BEACH, FL 32962

Title: DS      ( ) Delete  
Name: PLOURDE, CHRISTOPHER M  
Address: 1450 16TH CT SW  
City-St-Zip: VERO BEACH, FL 32962

Title: DV      ( ) Delete  
Name: BAIRD, JAMES P  
Address: 966 18TH PLACE SW  
City-St-Zip: VERO BEACH, FL 32962

Title: DV      ( ) Delete  
Name: BAIRD, REBECCA  
Address: 966 18TH PLACE SW  
City-St-Zip: VERO BEACH, FL 32962

## 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  
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: CHRISTOPHER M. PLOURDE

DS

06/23/2009

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

\_\_\_\_\_  
Date