

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000039

FILED  
Dec 21, 2006  
Secretary of State

**Entity Name:** GLOBAL HAITIAN COOPERATION FOR HAITI COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

5244 LABRADOR LANE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

5244 LABRADOR LANE  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 02-0764750      **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:**

SUFFRENA, CHRISTOME  
2621 SILVER HILLS DRIVE, #7  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

SUFFRENA, CHRISTOME  
4707 LANGDALE DRIVE  
ORLANDO, FL 32808 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: CHRISTOME SUFFRENA

12/21/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SUFFRENA, CHRISTOME  
Address: 2621 SILVER HILLS DR, #7  
City-St-Zip: ORLANDO, FL 32818 US

Title: VP ( ) Delete  
Name: PAUL, ALCIDE  
Address: 5244 LABRADOR LANE  
City-St-Zip: ORLANDO, FL 32818 US

Title: S ( ) Delete  
Name: LALANE, VEDETTE  
Address: 218 HICKORY COVE CT.  
City-St-Zip: ORLANDO, FL 32118

Title: D ( ) Delete  
Name: ALEXANDRE, ANTOINE  
Address: 2209 WOODWIND DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: JEAN BAPTISTE, RONALD  
Address: 2909 N. PINE HILLS RD.  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: DESAMOUR, JUNIAS  
Address: 113 ALEXANDRIA PL  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SUFFRENA, CHRISTOME  
Address: 4707 LANGDALE DRIVE  
City-St-Zip: ORLANDO, FL 32808 US

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:

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: CHRISTOME SUFFRENA

P

12/21/2006

Electronic Signature of Signing Officer or Director

Date