

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001519

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: NEW HOPE FOR HAITI FOUNDATION, INC.

## Current Principal Place of Business:

3600 SO. STATE ROAD 7  
#242  
MIRAMAR, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

3600 SO. STATE ROAD 7  
#242  
MIRAMAR, FL 33023

## New Mailing Address:

FEI Number: 42-1694966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VERITE-SICARD, MICHELLE  
3600 SO. STATE ROAD 7 (441)  
MIRAMAR, FL 33023 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: OD ( ) Delete  
Name: VERITE-SICARD, MICHELLE  
Address: 721 SW 69 AVE  
City-St-Zip: P. PINES, FL 33023

Title: V ( ) Delete  
Name: THEODORE, MARTINE  
Address: 6528 SW 26TH ST  
City-St-Zip: MIRAMAR, FL 33020

Title: S ( ) Delete  
Name: GUILLAUME, MARLENE  
Address: 937 SW 49TH AVE  
City-St-Zip: PLANTATION, FL

Title: T ( ) Delete  
Name: PEREZ, ROSA  
Address: 4016 DLE RIO WAY  
City-St-Zip: SUNRISE, FL 33317

Title: P ( ) Delete  
Name: GEORGES, JEAN N  
Address: 12385 NW 17TH STREET  
City-St-Zip: N MIAMI, FL 33167

Title: P ( ) Delete  
Name: RAYMOND, PIERRE J  
Address: 4174 INVERRARY DR UNIT 213  
City-St-Zip: OAKLAND PARK, FL 33319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: RAYMOND, PIERRE J DR.  
Address: 4174 INVERRARY DR. UNIT #213  
City-St-Zip: OAKLAND PARK, FL 33319

Title: S (X) Change ( ) Addition  
Name: BRUNO, FRANTZ  
Address: 721 SW 69 AVE  
City-St-Zip: PEMBROKE PINES, FL 33023

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

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

Title: O (X) Change ( ) Addition  
Name: LOUIS, OLIVER B  
Address: 4016 DEL RIO WAY  
City-St-Zip: SUNRISE, FL 33317

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: MICHELLE VERITE-SICARD

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date