2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2008
Secretary of State

DOCUMENT# N06000002407

Entity Name: COMPASSION ACTION FOR HAITIANS, INC.

Current Principal Place of Business:

2795 AVE. G NW
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

111 AVE. R NE
WINTER HAVEN, FL 33885 US

Current Mailing Address:

P. O. BOX 3850
WINTER HAVEN, FL 33885 US

New Mailing Address:

FEI Number: 16-1761982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSEN, BRUCE A MR.
4410 MAHOGANY RUN SE
WINTER HAVEN, FL 33884 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:	DIR.	( ) Delete
Name:	SAINTIL, HARRY DR.	
Address:	824 SUN RIDGE VILLAGE DR.	
City-St-Zip:	WINTER HAVEN, FL 33880 US	
Title:	DIR	( ) Delete
Name:	HANSEN, BRUCE A MR.	
Address:	4410 MAHOGANY RUN SE	
City-St-Zip:	WINTER HAVEN, FL 33884 US	
Title:	DIR	( ) Delete
Name:	FRANCOIS, JEAN REV.	
Address:	1413 26TH ST NW	
City-St-Zip:	WINTER HAVEN, FL 33881 US	
Title:	DIR	( ) Delete
Name:	MINISTRE, FRITZ G MR.	
Address:	824 SUN RIDGE VILLAGE DR.	
City-St-Zip:	WINTER HAVEN, FL 33880 US	
Title:	DIR	( ) Delete
Name:	RENELUS, BENITO REV.	
Address:	2012 AVENUE D SW	
City-St-Zip:	WINTER HAVEN, FL 33880 US	
Title:	D	( ) Delete
Name:	PEREZ, HENRRY MR.	
Address:	6001 COUNTRY WALK LANE	
City-St-Zip:	WINTER HAVEN, FL 33880 US	

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:	
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: BRUCE A. HANSEN CHRM 02/24/2008
Electronic Signature of Signing Officer or Director — Date