

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002407

FILED
Feb 06, 2009
Secretary of State

Entity Name: COMPASSION ACTION FOR HAITIANS, INC.

Current Principal Place of Business:

111 AVE. R NE
WINTER HAVEN, FL 33885 US

New Principal Place of Business:

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: DIR (X) Change () Addition
Name: FRANCOIS, JEAN JR.
Address: 235 35TH ST. NW
City-St-Zip: WINTER HAVEN, FL 33880 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:

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

CHR.

02/06/2009

Electronic Signature of Signing Officer or Director

Date