

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002407

FILED  
Feb 11, 2012  
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.  
**Name:** SAINTIL, HARRY DR.  
**Address:** 824 SUN RIDGE VILLAGE DR.  
**City-St-Zip:** WINTER HAVEN, FL 33880 US

**Title:** DIR  
**Name:** HANSEN, BRUCE A MR.  
**Address:** 4410 MAHOGANY RUN SE  
**City-St-Zip:** WINTER HAVEN, FL 33884 US

**Title:** DIR  
**Name:** FRANCOIS, JEAN JR.  
**Address:** 235 35TH ST. NW  
**City-St-Zip:** WINTER HAVEN, FL 33880 US

**Title:** DIR  
**Name:** FENELON, CLAUDY MR.  
**Address:** 2065 WHISPERING TRAILS BLVD.  
**City-St-Zip:** WINTER HAVEN, FL 33884 US

**Title:** DIR  
**Name:** RENELUS, BENITO REV.  
**Address:** 2012 AVENUE D SW  
**City-St-Zip:** WINTER HAVEN, FL 33880 US

**Title:** D  
**Name:** PEREZ, HENRRY MR.  
**Address:** 6001 COUNTRY WALK LANE  
**City-St-Zip:** WINTER HAVEN, FL 33880 US

I hereby 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 all other like empowered.

**SIGNATURE:** BRUCE A. HANSEN

MR.

02/11/2012

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

\_\_\_\_\_  
Date