

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005242

FILED
Apr 23, 2007
Secretary of State

Entity Name: VILLAGE OF HOPE FOR KIDS IN HAITI, INC.

Current Principal Place of Business:

470 NW 108TH ST.
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

470 NW 108TH ST.
MIAMI, FL 33168

New Mailing Address:

FEI Number: 20-4972196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOEL, ABNER
470 NW 108TH ST.
MIAMI, FL 33168 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: PD () Delete
Name: NOEL, ABNER
Address: 470 NW 108TH ST.
City-St-Zip: MIAMI, FL 33168

Title: VD () Delete
Name: NOEL, ROSELAINE
Address: 470 NW 108TH ST.
City-St-Zip: MIAMI, FL 33168

Title: SD () Delete
Name: CARRIE, JACQUES M
Address: 2266 NE 173RD ST., APT. 1
City-St-Zip: N. MIAMI BCH, FL 33160

Title: TD () Delete
Name: ZAMOR, MARIE E
Address: 149 NW 88TH ST.
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: CINEUS, FABIENNE M
Address: 13300 N E 6TH AV
City-St-Zip: N. MIAMI, FL 33161

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: ABNER NOEL

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date