

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009293

FILED
Aug 08, 2007
Secretary of State

Entity Name: VILLAGE OF VISION FOR HAITI FOUNDATION INC.

Current Principal Place of Business:

15 NW 11TH AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

15 NW 11TH AVE
DELRAY BEACH, FL 33444

New Mailing Address:

LYNX AIR INTL.
P.O. BOX 407139
FORT LAUDERDALE, FL 33340

FEI Number: 20-5525662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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: D () Delete
Name: DUNCAN, LUCIEN V
Address: 8 RUE F BEAUDIERES
City-St-Zip: PORT-AU-PRINCE, W.I HAITI,

Title: D () Delete
Name: ROBERTSON, JON H DR.
Address: 8515 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: DT () Delete
Name: FERRUS, DAWN S
Address: 2491 LITTLE ROCK COURT
City-St-Zip: WEST PALM BEACH, FL 33414

Title: DP () Delete
Name: DUNCAN, GINA RN
Address: 2491 LITTLE ROCK COURT
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D () Delete
Name: INGERSOLL, DEBORAH
Address: 401 2ND ST NORTH 406
City-St-Zip: MINNEAPOLIS, MN 55401

Title: S () Delete
Name: MOISE, CHANTAL
Address: 19301 GULF STREAM ROAD
City-St-Zip: MIAMI, FL 33157

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: D (X) Change () Addition
Name: ZAMOR, RICHE
Address: 12 BICKNELL ST
City-St-Zip: DORCHESTER, MA 02121

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: GINA DUNCAN

D

08/08/2007

Electronic Signature of Signing Officer or Director

Date