2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N06000009293

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:

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

New Mailing Address:

FEI Number: 20-5525662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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	(X) 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:	ZAMOR, RICHE	
Address:	12 BICKNELL ST	
City-St-Zip:	DORCHESTER, MA 02121	
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:	( ) 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: GINA DUNCAN D 04/10/2008

Electronic Signature of Signing Officer or Director — Date