

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009293

FILED  
Jun 10, 2009  
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:**

9100 S. DADELAND BOULEVARD  
15TH FLOOR  
MIAMI, FL 33156

**Current Mailing Address:**

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

**New Mailing Address:**

9100 S. DADELAND BOULEVARD  
15TH FLOOR  
MIAMI, FL 33156

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

Title: D ( ) Delete  
Name: ZAMOR, RICHEL  
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:

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

DP

06/10/2009

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

\_\_\_\_\_  
Date