

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009293

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** VILLAGE OF VISION FOR HAITI FOUNDATION INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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  
**Name:** DUNCAN, LUCIEN V  
**Address:** 8 RUE F BEAUDIERES  
**City-St-Zip:** PORT-AU-PRINCE, W.I HAITI,

**Title:** D  
**Name:** MOORE, HENRIETTA  
**Address:** 4290A MEMORIAL DRIVE  
**City-St-Zip:** DECATUR, GA 30032

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

**Title:** D  
**Name:** NAU, GUYLAINE  
**Address:** 652 SPRUCE DRIVE  
**City-St-Zip:** SUNNYVALE, CA 94086

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

**Title:** D  
**Name:** GEATJENS, WILHELM  
**Address:** 13030 SW 263 TERRACE  
**City-St-Zip:** HOMESTEAD, FL 33032

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:** GINA DUNCAN

DP

04/10/2012

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

\_\_\_\_\_  
Date