

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009428

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** NAPLES HAITITAN CHRISTIAN YOUTH COMMITTEE, INC

**Current Principal Place of Business:**

4374 23RD AVE SW  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

4374 23RD AVE SW  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 20-1025786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

PAUL BROTHER'S INC  
4374 23RD AVE SW  
NAPLES, FL 34116      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: JOHN K PAUL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PAUL, DEBORAH J  
Address: 4374 23RD AVE SW  
City-St-Zip: NAPLES, FL 34116

Title: S ( ) Delete  
Name: ARTHUR, JONAS  
Address: 3704 22ND ST SW  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: T ( ) Delete  
Name: MACHOULE, ENOUSE  
Address: 4374 23RD AVE SW  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PAUL, JOHN K  
Address: 4374 23RD AVE SW  
City-St-Zip: NAPLES, FL 34116

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: JOHN K PAUL

Electronic Signature of Signing Officer or Director

P

04/30/2008

Date