

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012525

FILED  
Mar 07, 2007  
Secretary of State

**Entity Name:** HAITIAN ORGANIZATION NETWORK PLUS, INC

**Current Principal Place of Business:**

4410 NORTH MELTON AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4410 NORTH MELTON AVE  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 20-8088106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONY, VIRGINIE J  
4410 NORTH MELTON AVE  
TAMPA, FL 33614 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: P ( ) Delete  
Name: LONY, VIRGINIE J  
Address: 4410 NORTH MELTON AVE  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete  
Name: JEAN-LOUIS, EMMANUEL  
Address: 162 SW SOUTH WAKEFIELD CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SECR ( ) Delete  
Name: JEAN, NEROL  
Address: 4410 NORTH MELTON AVE  
City-St-Zip: TAMPA, FL 33614

Title: TR ( ) Delete  
Name: JEANNOT, SANDRA  
Address: 442 W. COLUMBUS DRIVE  
City-St-Zip: TAMPA, FL 33602

Title: AVD ( ) Delete  
Name: JULES, LENES  
Address: 12527 TENSLEY CR  
City-St-Zip: TAMPA, FL 33612

**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 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: VIRGINIE J LONY

P

03/07/2007

Electronic Signature of Signing Officer or Director

Date