

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012525

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: HAITIAN ORGANIZATION NETWORK PLUS, INC

## Current Principal Place of Business:

1912 E CRENSHAW STREET  
TAMPA, FL 33610

## New Principal Place of Business:

10912 N 22ND STREET  
TAMPA, FL 33612

## Current Mailing Address:

1912 E CRENSHAW STREET  
TAMPA, FL 33610

## New Mailing Address:

10912 N 22ND STREET  
TAMPA, FL 33612

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  
1912 E CRENSHAW STREET  
TAMPA, FL 33610 US

## Name and Address of New Registered Agent:

LONY, VIRGINIE J  
10912 N. 22ND STREET  
TAMPA, FL 33612 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LONY, VIRGINIE J  
Address: 1912 E CRENSHAW STREET  
City-St-Zip: TAMPA, FL 33610

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: 1912 E CRENSHAW STREET  
City-St-Zip: TAMPA, FL 33610

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: P (X) Change ( ) Addition  
Name: LONY, VIRGINIE J  
Address: 10912 N 22ND STREET STREET  
City-St-Zip: TAMPA, FL 33612

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECR (X) Change ( ) Addition  
Name: JEAN, NEROL  
Address: 10912 N 22ND STREET  
City-St-Zip: TAMPA, FL 33612

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: VIRGINIE J LONY

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date