

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006716

FILED
Apr 30, 2008
Secretary of State

Entity Name: HAITIAN COALITION OF COLLIER COUNTY, INC

Current Principal Place of Business:

5085 BAYSHORE DR
NAPLES, FL 34112

New Principal Place of Business:

4100 CORPORATE SQUARE
127
NAPLES, FL 34104

Current Mailing Address:

5085 BAYSHORE DR
NAPLES, FL 34112

New Mailing Address:

4100 CORPORATE SQUARE
127
NAPLES, FL 34104

FEI Number: 33-1178946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAUL, JEAN R
5291 CONFEDERATE DR
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

PAUL, JOHN
4100 CORPORATE SQUARE
127
NAPLES, FL 34104 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: JOHN K PAUL

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERNARD, ANTOINE
Address: 2008 ROOKERY BAY DRIVE SUITE 1106
City-St-Zip: NAPLES, FL 34116

Title: VP () Delete
Name: SINJUSTE, JACQUES
Address: 140 OSPREY'S LANDING APT 402
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: HALL, COLETTE
Address: 611 JEFFERSON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: T () Delete
Name: GUERRIER, PANEL M
Address: 4590 16TH PL SW APT 107
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAUL, JOHN
Address: 4100 CORPORATE SQUARE
City-St-Zip: NAPLES, FL 34104

Title: S (X) Change () Addition
Name: MELVIN, BARBARA
Address: WACHOVIA BANK 2400 TAMiami TRAIL N.
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Change () Addition
Name: HALL, COLETTE
Address: 611 JEFFERSON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: T (X) Change () Addition
Name: DERA, JEANNETTE
Address: 4110 CINDY AVE
City-St-Zip: NAPLES, FL 34112

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

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date