

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006716

FILED
May 01, 2009
Secretary of State

Entity Name: HAITIAN COALITION OF COLLIER COUNTY, INC

Current Principal Place of Business:

4100 CORPORATE SQUARE
127
NAPLES, FL 34104

New Principal Place of Business:

852 1ST AVE S
303
NAPLES, FL 34102

Current Mailing Address:

4100 CORPORATE SQUARE
127
NAPLES, FL 34104

New Mailing Address:

852 1ST AVE S
303
NAPLES, FL 34102

FEI Number: 33-1178946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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, JOHN
4100 CORPORATE SQUARE
127
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

PAUL, JOHN
852 1ST AVE S
303
NAPLES, FL 34102 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

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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:

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

05/01/2009

Electronic Signature of Signing Officer or Director

Date