2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2009
Secretary of State

DOCUMENT# N07000008340

Entity Name: HAITIAN COMMUNITY DEVELOPMENT FOUNDATION FONDECO-HAITI, INC.

Current Principal Place of Business:

5009 BROOKFIELD STREET
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

PO BOX 1031
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 26-0672947 **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:

METRO BUSINESS SOLUTIONS, INC.
3940 METRO PARKWAY SUITE 105
FORT MYERS, FL 33916 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: CHOUTE, BERTRAND
Address: 5009 BROOKFIELD STREET
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V ( ) Delete
Name: NELSON, VELNER
Address: 6519 CRIMSON LEAF
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: JULIEN, ORESTE
Address: 8 ALLANDALA DR APT 21
City-St-Zip: NEWARK, DE 19713

Title: S ( ) Delete
Name: BEAUPLAN, JOHNSON
Address: 1722 LINHART AVE
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete
Name: SENATUS, BENEDICT
Address: 3206 22ND STREET SW
City-St-Zip: LEHIGH ACRES, FL 33976

Title: T ( ) Delete
Name: CHOUTE, RODNA
Address: 5009 BROOKFIELS ST
City-St-Zip: LEHIGH ACRES, FL 33971

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:

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: BERTRAND CHOUTE PRES 09/10/2009

Electronic Signature of Signing Officer or Director — Date