

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010103

FILED
Apr 04, 2009
Secretary of State

Entity Name: THE CENTER FOR THE IMPROVEMENT OF HEALTH AND EDUCATION IN HAITI, INC.

Current Principal Place of Business:

1360 NW 173 TERR.
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1360 NW 173 TERR.
MIAMI, FL 33169

New Mailing Address:

FEI Number: 26-1312282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWEN, TRACEY
300 NE 2ND AVE.
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

BOWEN, TRACEY
1360 NW 173RD TER
MIAMI, FL 33169 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:

04/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRADEL, FRANK
Address: 300 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: BOWEN, TRACEY
Address: 300 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: REMY, JOSEPH R
Address: 15599 SW 40TH ST.
City-St-Zip: MIRAMAR, FL 33027

Title: P () Delete
Name: CREVECOEUR, PHILIPPE A
Address: 1360 NW 173 TERR.
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: OLIVER, MARIE C
Address: CLERCINE 24 A#26
City-St-Zip: TABARRE, HAITI (WI), FL 33169

Title: VD () Delete
Name: AUTUS, BARBARA C
Address: 7 MONTROSE ST.
City-St-Zip: SOUTH ORANGE, NJ 07079

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: PHILIPPE A. CREVECOEUR

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date