

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001775

FILED  
Jan 11, 2009  
Secretary of State

**Entity Name:** GOOD SAMARITANS FOR CHILDREN IN HAITI, INC.

**Current Principal Place of Business:**

509 SE 24TH AVE  
APT # B  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

215 SE 24TH AVE  
CAPE CORAL, FL 33990 US

**Current Mailing Address:**

509 SE 24TH AVE  
APT # B  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

215 SE 24TH AVE  
CAPE CORAL, FL 33990 US

**FEI Number:** 26-2584105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEAN, ELODE  
215 SE 24TH AVE  
CAPE CORAL, FL 33990 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: PD ( ) Delete  
Name: JEAN, ELODE  
Address: 509 SE 24TH AVE, APT B  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP ( ) Delete  
Name: ELIE, FANFAN  
Address: 1037 WINDONE WOOD  
City-St-Zip: NORTH FT MYERS, FL 33903 US

Title: TD ( ) Delete  
Name: CADET, RENAI  
Address: 1822 SW 47TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SD ( ) Delete  
Name: PIERRE, JOCELINE  
Address: 1652 JAMESTOWN COURT  
City-St-Zip: FT MYERS, FL 33907 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: VP ( ) Change (X) Addition  
Name: SMYZER, ROGER  
Address: 250 SIESTA LANE  
City-St-Zip: LARGO, FL 33770

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: ELODE JEAN

P

01/11/2009

Electronic Signature of Signing Officer or Director

Date