

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001775

FILED
Mar 27, 2010
Secretary of State

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

Current Principal Place of Business:

215 SE 24TH AVE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

1342 COLONIAL BLVD
BLDG C SUITE 19A
FT MYERS, FL 33907 US

Current Mailing Address:

215 SE 24TH AVE
CAPE CORAL, FL 33990 US

New Mailing Address:

1342 COLONIAL BLVD
BLDG C SUITE 19A
FT MYERS, FL 33907 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:

JEAN, ELODE
1342 COLONIAL BLVD
BLDG C SUITE 19A
FT MYERS, FL 33907 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: ELODE JEAN

03/27/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JEAN, ELODE
Address: 4781 ORANGE GROVE BLVD
City-St-Zip: N FT MYERS, FL 33903 US

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

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

Title: SD
Name: PIERRE, JOCELIN
Address: 1652 JAMESTOWN COURT
City-St-Zip: FT MYERS, FL 33907 US

Title: VP
Name: SMYZER, ROGER
Address: 250 SIESTA LANE
City-St-Zip: LARGO, FL 33770

I hereby 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 all other like empowered.

SIGNATURE: ELODE JEAN

PRES

03/27/2010

Electronic Signature of Signing Officer or Director

Date