

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006801

FILED
Apr 28, 2009
Secretary of State

Entity Name: ACTS OF LOVE HAITI INC.

Current Principal Place of Business:

3720 SILVER STAR RD.
SUITE A
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3720 SILVER STAR RD.
SUITE A
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 26-4319531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEGRAND, WILKINSON
6829 COMPASS CRT.
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

JEAN-BAPTISTE, CARLYNE
2722 COVENTRY LANE
OCOE, FL 34761 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: CARLYNE JEAN-BAPTISTE

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEAN-BAPTISTE, CARLYNE
Address: 2722 COVENTRY LANE
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: MODE, LYDIE
Address: 7138 COUNTRY RUN PKWY
City-St-Zip: ORLANDO, FL 32818

Title: O () Delete
Name: LEGRAND, WILKINSON
Address: 6829 COMPASS CRT.
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: MODE, MYRIAM
Address: 7138 COUNTRY RUN PKWY
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: JEAN-JACQUES, JACQUELIN
Address: 1544 DESS DR.
City-St-Zip: ORLANDO, FL 32818

Title: O () Delete
Name: MODE, JACQUES JR.
Address: 7138 COUNTRY RUN PKWY
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JEAN-BAPTISTE, CARLYNE
Address: 2722 COVENTRY LANE
City-St-Zip: OCOEE, FL 34761

Title: D (X) Change () Addition
Name: MODE, LYDIE
Address: 7138 COUNTRY RUN PKWY
City-St-Zip: ORLANDO, FL 32818

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: CARLYNE JEAN-BAPTISTE

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date