

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009164

FILED
Jun 27, 2009
Secretary of State

Entity Name: CHILDREN'S HOPE OF HAITI, INC.

Current Principal Place of Business:

248 NORTHEAST 199TH TERRACE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

248 NORTHEAST 199TH TERRACE
MIAMI, FL 33179

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI, FL 33145 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAMARRE, MARGARETT
Address: 248 NORTHEAST 199TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: DVP () Delete
Name: DI GERONIMO, ERNEST M DR
Address: 248 NORTHEAST 199TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: DT () Delete
Name: RAYMOND, NIRVA
Address: 248 NORTHEAST 199TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: DS () Delete
Name: GURNEY, JULINE
Address: 248 NORTHEAST 199TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: DAS () Delete
Name: LAMARRE, KATUCIA
Address: 248 NORTHEAST 199TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SIMON, KATIA
Address: 248 NORTHEAST 199TH TERRACE
City-St-Zip: MIAMI, FL 33179

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: MARGARETT LAMARRE

DP

06/27/2009

Electronic Signature of Signing Officer or Director

Date