

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010638

FILED  
Jan 25, 2009  
Secretary of State

**Entity Name:** EDUCATIONAL FOUNDATION FOR HAITIAN CHILDREN, INC.

**Current Principal Place of Business:**

7125 GOLF COLONY CT #102  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

7125 GOLF COLONY CT #102  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 32-0266958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEANTY, HUMLYSE  
7125 GOLF COLONY CT #102  
LAKE WORTH, FL 33467 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: DCEO ( ) Delete  
Name: JEANTY, JUMLYSE  
Address: 7125 GOLF COLONY CT #102  
City-St-Zip: LAKE WORTH, FL 33467

Title: C ( ) Delete  
Name: JEANTY, HUMLER  
Address: 211 SALZEDO ST  
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: D ( ) Delete  
Name: BERTILUS, MAGUELITA  
Address: 211 SALZEDO ST  
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: D ( ) Delete  
Name: MINCEY, IRMA ALEXANDRE  
Address: 3030 CONGRESS PARK DR  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete  
Name: DANIEL, YVON  
Address: 5242 STACY ST  
City-St-Zip: WEST PALM BCH, FL 33417

Title: D ( ) Delete  
Name: FLEURANT, GERTIE  
Address: 5863 TRIPHAMMER RD  
City-St-Zip: LAKE WORTH, FL 33463

**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: D (X) Change ( ) Addition  
Name: JOAN, FOTI  
Address: 16245 EAST GOLDCUP DR  
City-St-Zip: LOXAHATCHEE, FL 33470

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: HUMLYSE JEANTY

DCEO

01/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date