2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011290

FILED Feb 12, 2009 Secretary of State

Entity Name: HAITIAN COMMUNITY FAMILY AND CHILDREN'S SERVICES, INC

Current Principal Place of Business:		New Principal Place of Business:		
	IST CIR E ON, FL 34203	US		
urrent M	ailing Addres	s:	New Mailing Addre	ess:
O BOX 29 NECO, F	9 FL 34264			
El Number:	:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
OLCY, SI	JZETTE			
604 25TH RADENT ne above	ST CIR E ON, FL 34203 named entity s	US ubmits this statement for the $ $	ourpose of changing its registe	red office or registered agent, or both,
804 25TH RADENT ne above the State	I ST CIR E ON, FL 34203 named entity s e of Florida.		ourpose of changing its registe	red office or registered agent, or both,
604 25TH RADENT ne above the State	I ST CIR E ON, FL 34203 named entity se of Florida. RE:			red office or registered agent, or both, Date
RADENT ne above the State GNATUR	I ST CIR E ON, FL 34203 named entity se of Florida. RE:	ubmits this statement for the positions of the positions of Registered Ag	ent	
604 25TH RADENT ne above the State GNATUF	named entity see of Florida. RE: Electronic B AND DIRECT P () VOLCY, SUZET	ubmits this statement for the process of the proces	ent	Date
04 25TH RADENT e above the State GNATUF FFICERS e: me: dress:	named entity see of Florida. RE: Electroni S AND DIRECT P () VOLCY, SUZET 5604 25TH STR BRADENTON, F	ubmits this statement for the process of the proces	ent ADDITIONS/CHAN Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR

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: SUZETTE VOLCY P 02/12/2009