

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011532

FILED
Mar 25, 2009
Secretary of State

Entity Name: HAITI CENTER FOR PEOPLE WITH DISABILITIES, CORP

Current Principal Place of Business:

3561 NW 35TH TERRACE
LAUDERDALE LAKES, FL 33309

New Principal Place of Business:

Current Mailing Address:

3561 NW 35TH TERRACE
LAUDERDALE LAKES, FL 33309

New Mailing Address:

FEI Number: 26-3646244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN-BAPTISTE, IRVIN SR
3561 NW 35TH TERRACE
LAUDERDALE LAKES, FL 33309 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: P () Delete
Name: YACINTHE, DANIEL
Address: 3561 NW 35TH TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: VP () Delete
Name: DECOSTE, JEANNE
Address: 3550 NW 34TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: P () Delete
Name: CHEVELON, CHARLEMAGNE
Address: 111 NW 53RD STREET
City-St-Zip: OAKLAND PARK, FL 33309

Title: () Delete
Name:
Address:
City-St-Zip:

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: P () Change (X) Addition
Name: JEAN BAPTISTE, MATHEW
Address: 210 SW 29TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

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: MATHEW JEAN BAPTISTE

O

03/25/2009

Electronic Signature of Signing Officer or Director

Date