2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2010
Secretary of State

DOCUMENT# N08000011532

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 (X)**

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
Name: JEAN-BAPTISTE, IRVIN
Address: 3561 NW 35TH TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: VP
Name: RIPHIN, FRANCK
Address: 3561 NW 35 TER.
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: TRES
Name: METELUS, ANEL
Address: 3561 NW 35 TER.
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: SEC
Name: JEAN-BAPTISTE, JOCELYN
Address: 3561 NW 35 TER.
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: VP
Name: FALUMA, WISLET
Address: 3561 NW 35 TER.
City-St-Zip: LAUDERDALE LAKES, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: IRVIN JEAN-BAPTISTE P 02/24/2010

Electronic Signature of Signing Officer or Director — Date