N09000009317

(Re	questor's Name)	
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Amend News 12-31-09



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HAITIAN ALL	IANCE OF NAT. DEV.,	INC. HANDS
DOCUMENT NUM	BER: N0900009317		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		IN JENKINS	
	(Name of	f Contact Person)	
		HANDS	
	(Firm	n/ Company)	
		STON DRIVE	
	(Address)	
		, FLORIDA 32828	ng ya mangabaa, an maa amuunga gamabaa.
	(City/ Sta	te and Zip Code)	
		@hotmail.com ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
ROBIN JENKINS	•	at (407) 538-023	· 31
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street Address	10 41.41.0044)
	idment Section	Amendment Section	ons
Division of Corporations		Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



THE HAITIAN ALLIANCE OF NATIONAL DEVELOPMENT, INC. (Name of Corporation as currently filed with the Florida Dept. of States SECRETARY OF TALLAHASSEE. IN NO9000009317 (Document Number of Corporation (if known)) Trausant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopted following amendment(s) to its Articles of Incorporation: N/A If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation" or "incorporated" or the breviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Trincipal office address MUST BE A STREET ADDRESS Enter new mailing address MAY BE A POST OFFICE BOX SAME If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: N/A	STA LOR
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AL/A	
Name of Nav Pagistared Agent: N/A	
Name of New Revinerea Aveia.	
New Registered Office Address: (Florida street address)	
<u>New Registerea Office Address</u> . (Florida street address)	
, Florida	
(City) (Zip Code)	
w Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	
sition.	1e

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	NONE		
	NONE		Add Remove
	NONE		
(attach	nding or adding additional Articles, enter additional sheets, if necessary). (Be spec Under penalties of perjury, I declar graceompanying documents, and to	re that I have examined this	
	mation contains all the relevant factor facts are true, correct, and comple		he information,
	Said Organization is organized exc		ous, educational
and scie	ntific purposes including such purpo	oses, the making of distributi	on to
organiza	tions that qualify as exempt organiz	cations under section 501 c 3	of the
Internal I	Revenue, or corresponding section	of any future federal tax cod	e
Article X	l Upon dissolution of the organization	on, assets shall be distribute	d for one
or more	exempt purposes within the meanin	ng of section 501 c 3 of the Ir	nternal
Revenue	e Code, or corresponding section of	any future federal tax code,	or shall be
distributi	ion to the federal government, or to	a state or local government,	for public purpose
Any suc	h assets not disposed of shall be dis	sposed of by the Court of Co	mmon Pleas of the
county in	n which the principal office of the org	ganization is located, exclusi	vely for such
purpose	s or to such organization or organization	ations, as said Court shall de	etermine,
which ar	re organized and operated exclusive	ely for such purposes.	

The date of each amendmen	t(s) adoption: 12/26/2009
Effective date <u>if applicable</u> :	(date of adoption is required) 12/28/2009
-11-11-1	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_12/2	L) M.
hav	the chairman or vice chairman of the board, president or other officer-if directors of not been selected, by an incorporator — if in the hands of a receiver, trustee, of er court appointed fiduciary by that fiduciary)
	LIONEL NAU, JR.
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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