

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000721

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** ORGANISATION DE DEVELOPPEMENT DES PAYSANS DE PERODIN/ARTIBONITE, INC.

**Current Principal Place of Business:**

34 RUE BRUYER #36 RD.  
PORT-AU-PRINCE HAITI W.I., XX XX

**New Principal Place of Business:**

**Current Mailing Address:**

1853 FOREST HILLS RD.  
JACKSONVILLE, FL 32208

**New Mailing Address:**

1853 FOREST HILLS RD  
JACKSONVILLE, FL 32208

**FEI Number:** 80-0571383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOSAPHAT, SELOR  
1853 FOREST HILLS RD.  
JACKSONVILLE, FL 32208 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: PD  
Name: JOSAPHAT, SELOR  
Address: 1853 FOREST HILLS RD.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD  
Name: JEAN-LOUSINA, DURANO  
Address: 1973 WEST 18 STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD  
Name: DENESJOSAPH, PIERR  
Address: 7 IMP DUCHRIST VILLAGE SOLIDARITE  
City-St-Zip: PORT-AU-PRINCE HAITI, XX XX

Title: VPD  
Name: FLORESTANT, DANIEL  
Address: ACACHON 34 RUE BRUYER #36  
City-St-Zip: PORT-AU-PRINCE HAITI W I, XX XX

Title: D  
Name: CLAUD, MARIE  
Address: 7 IMP DUCHRIST VILLAGE SOLIDARITE  
City-St-Zip: PORT-AU-PRINCE HAITI, XX XX

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:** SELOR JOSAPHAT

PD

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date