

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004098

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** CARING HAND FOR THE RELIGIOUS HAITIAN, INC.

**Current Principal Place of Business:**

400 CLAYTON AVE  
LEHIGH ACRES, FL 33972 US

**New Principal Place of Business:**

105 S 1ST STREET UNIT 5  
IMMOKALEE, FL 34142 US

**Current Mailing Address:**

PO BOX 2834  
IMMOKALEE, FL 34143 US

**New Mailing Address:**

**FEI Number:** 27-4112270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHENEL, PIERRE  
400 CLAYTON AVE  
LEHIGH ACRES, FL 33972 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:** PIERRE, CHENEL  
**Address:** 400 CLAYTON AVE  
**City-St-Zip:** LEHIGH ACRES, FL 33972 US

**Title:** S  
**Name:** JEAN, LOUISSEL  
**Address:** 573 N 9TH STREET  
**City-St-Zip:** IMMOKALEE, FL 34142 US

**Title:** VP  
**Name:** PIERRE, LINDA  
**Address:** 2023 MCARTHUR AVE  
**City-St-Zip:** ALVA, FL 33920 US

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:** CHENEL PIERRE

PRES

04/30/2011

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

\_\_\_\_\_  
Date