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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19634

1. Corporation Name

LITTLE HAITI HOUSING ASSOCIATION, INC.

Principal Place of Business

181 N.E. 82ND ST.
MIAMI FL 33138
US

Mailing Address

181 N.E. 82ND ST.
MIAMI FL 33138
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/11/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2801211

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MICHEL JACQUELINE X
2104 N.E. 13TH PLACE X
NORTH MIAMI BEACH FL 33179 X~~

81 Name

David Harder

82 Street Address (P.O. Box Number is Not Acceptable)

297 N.E. 105th St

83

84 City

Miami-Shores

FL

85 Zip Code

33138

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
NAME MICHEL, JACQUELINE
STREET ADDRESS 21041 N.E. 13TH PLACE
CITY-ST-ZIP NORTH MIAMI BCH FL 33162

1.1 TITLE Change Addition
1.2 NAME VD
1.3 STREET ADDRESS Andre Bony
1.4 CITY-ST-ZIP 17140 N.W 42 Ct
Miami, FL 33055

TITLE PD DELETE
NAME DAVIS, THOMAS
STREET ADDRESS 16951 N.E. 4TH PLACE
CITY-ST-ZIP N MIAMI BCH FL 33161

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME THIELE, JONATHAN
STREET ADDRESS 10555 NE 2ND AVE
CITY-ST-ZIP MIAMI FL 33138

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME HARDER, DAVID
STREET ADDRESS 181 N.E. 82ND ST.
CITY-ST-ZIP MIAMI FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD DELETE
NAME KREBHIEL, SUSAN
STREET ADDRESS 6605 SW 55TH LANE
CITY-ST-ZIP MIAMI FL 33155

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~XXXX~~ David Harder Executive Director 2/23/99 305-759-2542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day: 23/99 Phone #

CR2E037 (11/98)