


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45468					
1. Corporation Name HAITIAN CENTER FOR FAMILY SERVICES, INC.					
Principal Place of Business 3350 BELVEDERE ROAD 2715 Australian Ave STE E WEST PALM BEACH FL 33406 33407			Mailing Address 2715 Australian Ave 3350 BELVEDERE ROAD STE E WEST PALM BEACH FL 33406 33407		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. 2715 N. Australian Ave.		26. 2715 N. Australian Ave.		10/04/1991	
22. West Palm Beach, FL 33407		27. West Palm Beach, FL 33407		4. FEI Number	
				65-0293545	
23. City & State		28. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAURENT, GUY 3350 BELVEDERE ROAD 2715 Australian Ave STE E WEST PALM BEACH, FL 33406 33407				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUN, JEAN ALBERT		1.2 NAME	Dominique Joseph	
STREET ADDRESS	300 WEST ATLANTIC AVE		1.3 STREET ADDRESS	4330 Community Dr.	
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHELEMY, ROODY T.		2.2 NAME	Eddy Rexis	
STREET ADDRESS	P.O. BOX 20813 N/A		2.3 STREET ADDRESS	1192 W 86th Street #2	
CITY-ST-ZIP	WEST PALM BEACH FL 33416		2.4 CITY-ST-ZIP	Riviera Bch, FL 33404	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THONY, FRANTZ		3.2 NAME	Walter Dominique	
STREET ADDRESS	11204 MAHOGANY DR		3.3 STREET ADDRESS	595 Silver beach Rd.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		3.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	DC	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECONTE, PATRICK		4.2 NAME	Andre Sylvain	
STREET ADDRESS	2000 PGA BLVD #3120		4.3 STREET ADDRESS	4322 Empress Street	
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	Palm Beach Garden, FL 33410	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLEY, DANIEL		5.2 NAME	Raymond F Marie U. Boussiquot	
STREET ADDRESS	5356 BOSQUE LN #115		5.3 STREET ADDRESS	8272 Bermuda Sound Way	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:  **REQUIRED**

March 4, 1999 (561) 366-8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)