

FILE NOW: FILING FEE IS \$61.25 *Amended*

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

Mailing Address

2715 N Australian Ave. 2715 N Australian Ave.  
West Palm Beach, FL 33407 West Palm Beach, FL 33407

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

ARRIEUX, ROBERT  
2715 N AUSTRALIAN AVE.  
WEST PALM BEACH, FL 33407

3. Date Incorporated or Qualified

10/04/91

4. FEI Number

65-0293545

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

10. Name and Address of New Registered Agent

81 Name

same

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

83

84 City

FL

85 Zip Code

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: ROBERT ARRIEUX

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

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE CHAIR ☐ DELETE

NAME LECANTE, PATRICK

STREET ADDRESS 2000 PGA BLVD # 3120

CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VICE CHAIR ☐ DELETE

NAME PUN, JEAN ALBERT

STREET ADDRESS 300 WEST ATLANTIC AVE

CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE TREASURER ☐ DELETE

NAME BARTLEY, DANIEL

STREET ADDRESS 5356 BOSQUE LN # 115

CITY-ST-ZIP WEST PALM BEACH, FL

TITLE SECRETARY ☐ DELETE

NAME BARTHELEMY, ROODY

STREET ADDRESS P.O. BOX 20813

CITY-ST-ZIP WEST PALM BEACH, FL 33416

TITLE 2ND SECRETARY ☐ DELETE

NAME THONY, FRANTZ

STREET ADDRESS 11204 MAHOGANY DR.

CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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☐ Change ☐ Addition

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (561) 366-8003

Date

Daytime Phone #

CR2E037 (11/98)