


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90012 022 ****61.25

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| DOCUMENT # N45468 |  |
| 1. Entity Name HAITIAN CENTER FOR FAMILY SERVICES, INC. | |

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| Principal Place of Business 2715 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407 | Mailing Address 2715 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407 |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04152004 Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0293545 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| ARRIEUX, ROBERT 2715 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407 | |

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| 7. Name and Address of New Registered Agent | |
| Name <u>Nicolas Wordy</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>2715 N. Australian Ave.</u> | |
| City <u>West Palm Beach</u> | FL Zip Code <u>33407</u> |

8. 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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE <u>NICOLAS Wordy</u> | (NOTE: Registered Agent signature required when reinstating) | DATE <u>4/19/2004</u> |
|--------------------------------|--|-----------------------|

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD LECONTE, PATRICK 2000 PGA BLVD. #3120 PALM BEACH GARDENS, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HARRIS, David 163 Honeysuckle Drive Jupiter, FLORIDA 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BARTHELEMY, ROODY P.O. BOX 20813 WEST PALM BEACH, FL 33416 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COOPER, Regina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THONY, FRANTZ 11204 MAHOGANY DRIVE BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SKYERS, Paul 6146 Seven Springs Blvd. Greenacres, FLORIDA 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WASHINGTON, BILL 2715 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Glemaud-GARNIER, Myriam 1493 Running Oak Lane Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DESORMEAUX, ROLAND FATHER 2715 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERNADEL, Joseph M.G 777 E. ATLANTIC Ave, Z242 Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PHILIPPE, SABIN J 2715 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARTHELEMY, Roody P.O Box 20813 West Palm Beach, FL 33416 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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| SIGNATURE: <u>Wordy Nicolas</u> | 4/19/2004 | 561-366-8003 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |