

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortenson  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 29 AM 7:25**

**DOCUMENT # N93000004686 (2)**

1. Corporation Name  
**HUMAN SERVICES DIMSKN/PIERRE TOUSSAINT HAITIAN  
CATHOLIC CENTER, INC.**

Principal Place of Business      Mailing Address  
**130 NORTHEAST 62ND STREET  
MIAMI FL 33138  
US**      **110 NORTHEAST 62ND STREET  
MIAMI FL 33138  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/11/1993</b>	3a. Date of Last Report <b>08/09/1994</b>
4. FEI Number <b>65-0387483</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. *Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**FITZGERALD, J. PATRICK  
110 MERRICK WAY  
SUITE 2-C  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MCCARTHY, EDWARD A
STREET ADDRESS	9401 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI SHORES FL 33138
TITLE	D
NAME	MARIN, TOMAS
STREET ADDRESS	9401 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI SHORES FL 33138
TITLE	PD
NAME	WENSKI, THOMAS
STREET ADDRESS	110 N.E. 62ND ST
CITY - ST - ZIP	MIAMI FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rev. John C. Favalora
1.3 STREET ADDRESS	9401 Biscayne Blvd.
1.4 CITY - ST - ZIP	Miami Shores FL 33138
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McCarthy, Edward A
2.3 STREET ADDRESS	9401 Biscayne Blvd.
2.4 CITY - ST - ZIP	MIAMI SHORES FL 33138
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nicole Ganthier
3.3 STREET ADDRESS	130 NE 62nd ST
3.4 CITY - ST - ZIP	MIAMI FL 33138
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Yolande Thomas
4.3 STREET ADDRESS	110 NE 62 ST
4.4 CITY - ST - ZIP	Miami, FL 33138
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Thomas Wenski*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR