

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004686 (2)
 1. Corporation Name
HUMAN SERVICES DIVISION/PIERRE TOUSSAINT HAITIAN CATHOLIC CENTER, INC.

Principal Place of Business 130 NORTHEAST 62ND STREET MIAMI FL 33138 US	Mailing Address 110 NORTHEAST 62ND STREET MIAMI FL 33138-5910 US
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21 2. Principal Place of Business	2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	26 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0387483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____
 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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, EDWARD A	1.2 NAME	Foulkes, MICHAEL
STREET ADDRESS	9401 BISCAYNE BLVD.	1.3 STREET ADDRESS	110 NE 2nd AVENUE
CITY-ST-ZIP	MIAMI SHORES FL 33138	1.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, EDWARD A	2.2 NAME	MARIN, TOMAS
STREET ADDRESS	9401 BISCAYNE BLVD.	2.3 STREET ADDRESS	9401 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENSKI, THOMAS	3.2 NAME	FREIXAS, RITA
STREET ADDRESS	110 N.E. 62ND ST	3.3 STREET ADDRESS	110 NE 62ND ST
CITY-ST-ZIP	MIAMI FL 33138	3.4 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAVALORA, JOHN C REV.	4.2 NAME	DARBOUZE, GERARD
STREET ADDRESS	9401 BISCAYNE BLVD.	4.3 STREET ADDRESS	110 NE 62ND ST
CITY-ST-ZIP	MIAMI SHORES FL	4.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANTHIER, NICOLE	5.2 NAME	GANTHIER, NICOLE
STREET ADDRESS	130 NE 62ND ST	5.3 STREET ADDRESS	130 NE 62ND ST
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, YOLANDE	6.2 NAME	
STREET ADDRESS	110 NE 62 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Foulkes, MICHAEL
1.3 STREET ADDRESS	110 NE 2nd AVENUE
1.4 CITY-ST-ZIP	MIAMI FL 33138
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIN, TOMAS
2.3 STREET ADDRESS	9401 BISCAYNE BLVD.
2.4 CITY-ST-ZIP	MIAMI SHORES FL 33138
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FREIXAS, RITA
3.3 STREET ADDRESS	110 NE 62ND ST
3.4 CITY-ST-ZIP	MIAMI, FL 33138
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DARBOUZE, GERARD
4.3 STREET ADDRESS	110 NE 62ND ST
4.4 CITY-ST-ZIP	MIAMI FL 33138
5.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GANTHIER, NICOLE
5.3 STREET ADDRESS	130 NE 62ND ST
5.4 CITY-ST-ZIP	MIAMI FL 33138
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 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.

CR2E037 (9/96)