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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90254 032 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004686**

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 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/11/1993	4. FEI Number 65-0387483 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  DELETE

TITLE	D	DELETED
NAME	FREIXAS, RITA	
STREET ADDRESS	901 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL 33145	
TITLE	D	DELETED
NAME	DARBOUZE, GERARD	
STREET ADDRESS	110 NE 82 ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	PD	DELETED
NAME	WENSKI, THOMAS	
STREET ADDRESS	110 N.E. 62ND ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	DELETED
NAME	FAVALORA, JOHN C REV.	
STREET ADDRESS	9401 BISCAYNE BLVD.	
CITY-ST-ZIP	MIMAI SHORES FL	
TITLE	ST	DELETED
NAME	GANTHIER, NICOLE	
STREET ADDRESS	130 NE 62ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETED
NAME	FOULKES, MICHAEL	
STREET ADDRESS	110 NE 2ND AV	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 REQUIRED Wenski 4-26-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)