FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000907 (5)**

1. Corporate Name

HAITIAN CHRISTIAN FEDERATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1387 W WESTCHESTER DR WEST PALM BEACH FL 33417	P O BOX 6292 WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified: 02/18/1994

3a. Date of Last Report:

4. FEI Number: 65-0516452 — ☒ Applied For ☐ Not Applicable

21	2. Principal Place of Business: 919 N.W. 2 Ave	
22	Suite, Apt. #, etc.	
23	City & State: Delray, FL 33444	
24	Zip	
25	Country: Palm Beach	
26	2a. Mailing Address: 919 N W. 2 AVE	
27	Suite, Apt. #, etc.	
28	City & State: Delray, FL 33444	
29	Zip	
30	Country: Palm Beach	

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUSBY, ALBERTO F
706 SW 23 AVE
BOYNTON BEACH FL 33435

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 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: _____ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FRANCOIS, JEAN D	12 NAME	
STREET ADDRESS	8410 BLVD ST. MICHEL	13 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	JEAN, JEAN R	22 NAME	
STREET ADDRESS	2712 DORSON WAY	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CIVIL, JEAN E	32 NAME	
STREET ADDRESS	1387 W WESTCHESTER DR	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	34 CITY-ST-ZIP	
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	JEAN-LOUIS, RAOUL	42 NAME	
STREET ADDRESS	5644 SNEAD CIR	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	CAMERON, PETER	52 NAME	
STREET ADDRESS	919 NW 2 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	54 CITY-ST-ZIP	
TITLE	ATD	61 TITLE	☐ Change ☐ Addition
NAME	JEAN, JOSEPH S	62 NAME	
STREET ADDRESS	2986 ANGER DR	63 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	64 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 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 above, if changed, or in an attachment with an address.

SIGNATURE: Peter Cameron — Peter Cameron — 4/12/95 — 407 278.9512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047080