

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000000907 (5)**

1. Corporation Name

**HAITIAN CHRISTIAN FEDERATION, INC.**



Principal Place of Business

**919 N.W. 2 AVE  
DELRAY FL 33444  
US**

Mailing Address

**919 N.W. 2 AVE  
DELRAY FL 33444  
US**

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

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **PD**  
NAME **FRANCOIS, JEAN D**  
STREET ADDRESS **8410 BLVD ST. MICHEL**  
CITY-ST-ZIP **MONTREAL, QUEBEC, CANADA**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**  
NAME **JEAN, JEAN R**  
STREET ADDRESS **2712 DORSON WAY**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD**  
NAME **CIVIL, JEAN E**  
STREET ADDRESS **1387 W WESTCHESTER DR**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ASD**  
NAME **JEAN-LOUIS, RAOUL**  
STREET ADDRESS **5644 SNEAD CIR**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD**  
NAME **CAMERON, PETER**  
STREET ADDRESS **919 NW 2 AVE**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ATD**  
NAME **JEAN, JOSEPH S**  
STREET ADDRESS **2986 ANGER DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/96**

**407-278-9512**

Date

Daytime Phone #

CR2E037 (12/95)