2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004935

FILED Apr 03, 2005 Secretary of State

Entity Name: UNITED HAITIANS ASSOCIATION OF SOUTHWEST FLORIDA, INC.

US

Current Principal Place of Business: New Principal Place of Business:

2250 FOWLER STREET FORT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

PO BOX 656

FORT MYERS, FL 33902 US

FEI Number: 65-0535712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENAGER, EMMANUEL B.

629 SW 21ST TERRACE
CAPE CORAL, FL 33991 US

MENAGER, EMMANUEL B REV
629 SW 21ST TERRACE
CAPE CORAL, FL 33991 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: REV. EMMANUEL B MENAGER 04/03/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MENAGER, EMMANUEL B.,
 Name:
 MENAGER, EMMANUEL B REV

 Address:
 629 SW 21ST TERRACE
 Address:
 629 SW 21ST TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33991
 City-St-Zip:
 CAPE CORAL, FL 33991

Title: VPSD () Delete Title: VPSD (X) Change () Addition

Name: YVES BENOIT, Name: BENOIT, YVES

Address: 11151 LAKELAND CIRCLE Address: 11151 LAKELAND CIRCLE
City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33913

 Name:
 BEAUBRUN, MARIE
 Name:
 BEAUBRUN, MARIE

 Address:
 4322 PALM TREE BLVD
 Address:
 4322 PALM TREE BLVD

 City-St-Zip:
 CAPE CORAL, FL
 City-St-Zip:
 CAPE CORAL, FL
 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. EMMANUEL B MENAGER PD 04/03/2005