



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90039 046 ****61.25

DOCUMENT # N95000004750					
1. Entity Name HAITIAN ASSOCIATION FOUNDATION OF TAMPA BAY, INC.					
Principal Place of Business 3910 INMAN AVENUE W TAMPA, FL 33609 US			Mailing Address P O BOX 261122 TAMPA, FL 33685-122 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOULME, JOSETTE 3910 INMAN AVENUE WEST TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GUILENE, THEODORE <i>last name</i> 4301 ASHLEY LANE <i>ASHby Lane</i> TAMPA, FL 33624				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete RIGU, EDOUARD <i>INCORRECT last name</i> 5900 NORTH TAMPA STREET TAMPA, FL 33604				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete MORENCY, YVES 234 DRIFTWOOD RD. S.E. SAINT PETERSBURG, FL 33705 <i>no change</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete LABORDE, JOEL 18810 ROXANA WOODS DR. LUTZ, FL 33549 <i>no change</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete GAUTIER, ERNST 1800 W WICKLEY CT <i>3 Casa Palermo Dr.</i> RIVERVIEW, FL 33569				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD <input type="checkbox"/> Delete TOULME, JOSETTE 3910 INMAN AVE WEST TAMPA, FL 33609 <i>No change</i>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Theodore, Guilene <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4301 Ashby Lane Tampa FL 33624				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean-Pierre, Edouard <input type="checkbox"/> Change <input type="checkbox"/> Addition 5900 No. Tampa St Tampa FL 33604				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gautier, Ernst <input type="checkbox"/> Change <input type="checkbox"/> Addition 3 Casa Palermo Dr Riverview FL 33569				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jolette Toulme</i> <i>Jolette Toulme</i> <i>2/26/05</i> <i>813 289-3142</i>					