

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90310 049 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOULME, JOSETTE  
3910 INMAN AVENUE WEST  
TAMPA FL 33609

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transitioning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUILENE, THEODORE	
STREET ADDRESS	4301 ASHLEY LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EDOWARD, JEAN-PIERRE	
STREET ADDRESS	5900 NORTH TAMPA STREET	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MORENCY, YVES	
STREET ADDRESS	234 DRIFTWOOD RD. S.E.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LABORDE, JOEL	
STREET ADDRESS	18810 ROXANA WOODS DR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GAUTIER, ERNST	
STREET ADDRESS	3 CASA PALERMO DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	TOULME, JOSETTE	
STREET ADDRESS	3910 INMAN AVE WEST	
CITY-ST-ZIP	TAMPA FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P. Guilene Theodore (name)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4301 Ashby Lane	
STREET ADDRESS	Tampa FL 33624	
CITY-ST-ZIP		
TITLE	VP Joel Labore	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18810 Roxana W Dr	
STREET ADDRESS	Lutz FL 33549	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Witherson Larsen	
STREET ADDRESS	1648 Canoe Dr	
CITY-ST-ZIP	Lutz, FL 33559	
TITLE	RS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tania Lozano	
STREET ADDRESS	4824 Longwater Way	
CITY-ST-ZIP	Tampa FL 33615	
TITLE	PR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Medghyne Calonge	
STREET ADDRESS	6616 11th ST N	
CITY-ST-ZIP	Tampa FL 33601	
TITLE	CS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacques Darius	
STREET ADDRESS	18705 Chaville Rd	
CITY-ST-ZIP	Lutz FL 33558	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Josette Toulme* *Josette Toulme* *4/4/06* *813 289-3142*