2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2008
Secretary of State

DOCUMENT# N95000004750

Entity Name: HAITIAN ASSOCIATION FOUNDATION OF TAMPA BAY, INC.

Current Principal Place of Business:

3910 INMAN AVENUE W
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 261122
TAMPA, FL 33685122 US

New Mailing Address:

P O BOX 263601
TAMPA, FL 33685-601 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOULME, JOSETTE
3910 INMAN AVENUE WEST
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GUILENE, THEODORE	
Address:	4301 ASHBY LN	
City-St-Zip:	TAMPA, FL 33624	
Title:	VPD	( ) Delete
Name:	LABORDE, JOEL	
Address:	18810 ROXANE WEST DR	
City-St-Zip:	LUTZ, FL 33549	
Title:	TD	( ) Delete
Name:	CHARLOTIN, JEAN-MARIE	
Address:	8200 EGRET WOODS CIR.	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	SD	( ) Delete
Name:	LOZANO, TANIA	
Address:	6101 WEBB ROAD	
City-St-Zip:	TAMPA, FL 33615	
Title:	D	( ) Delete
Name:	MEDGHYNE, CALONGE	
Address:	6616 11TH ST NORTH	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	MORENCY, YVES	
Address:	234 DRIFTWOOD RD SE	
City-St-Zip:	ST PETERSBURG, FL 33705	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	MARTIN, FLAURIE	
Address:	19115 MANDARIN GROVE PLACE	
City-St-Zip:	TAMPA, FL 33647	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RICHARDSON, FADIA	
Address:	5008 MUIR WAY	
City-St-Zip:	LITHIA, FL 33547	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GUILENE F THEODORE PD 02/17/2008

Electronic Signature of Signing Officer or Director — Date