2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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 263601
TAMPA, FL 33685 US

New Mailing Address:

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: O/D
Name: TUFFET, JUDITH
Address: 8106 CANTERBURY LAKE BLVD
City-St-Zip: TAMPA, FL 33619

Title: O/D
Name: LABORDE, JOEL
Address: 18810 ROXANE WEST DR
City-St-Zip: LUTZ, FL 33549

Title: O/D
Name: MORENCY, YVES
Address: 234 DRIFTWOOD ROAD SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: O/D
Name: DARIUS, KETTLY
Address: 18705 CHAVILLE
City-St-Zip: TAMPA, FL 33645

Title: O/D
Name: GRANCHAMPS, SANIA
Address: 8405 N. HIMES AVE. STE 214
City-St-Zip: TAMPA, FL 33614

Title: O/D
Name: RICHARDSON, FADIA
Address: 5008 MUIR WAY
City-St-Zip: LITHIA, FL 33547

I hereby 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 all other like empowered.

SIGNATURE: JUDITH TUFFET O/D 04/06/2010
Electronic Signature of Signing Officer or Director Date