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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005684 (3)

1. Corporation Name

THE HAITIAN COALITION OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

750 S. ORANGE BLOSSOM TRAIL #115
ORLANDO FL 32805

750 S. ORANGE BLOSSOM TRAIL #115
ORLANDO FL 32805-3133



3. Date Incorporated or Qualified
11/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3410208

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANCOIS, CALIXTE REV.
750 S. ORANGE BLOSSOM TRAIL #115
ORLANDO FL 32805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FRANCOIS, CALIXTE REV.
STREET ADDRESS 222 RONNIE CIRCLE
CITY - ST - ZIP ORLANDO FL 32811

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D/S

Change Addition

TITLE D
NAME CHERY, MARK REV.
STREET ADDRESS 3737 AVENUE F NW
CITY - ST - ZIP WINTER HAVEN FL 33881

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D/V

Change Addition

TITLE D
NAME MALIVERT, ABNER REV.
STREET ADDRESS 1806 QUEENSWAY ROAD
CITY - ST - ZIP ORLANDO FL 32808

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

TITLE D
NAME SHAW, DAVID MR
STREET ADDRESS 1017 20TH STREET
CITY - ST - ZIP ORLANDO FL 32805

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

D/P

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

D/T

Change Addition

CHRIS PEDERSEN
400 E. HIGHLAND
ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID C. SHAW

2/21/97 897-4409

CR2E037 (9/96)