



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # N96000005684 |  |
| 1. Entity Name THE HAITIAN COALITION OF CENTRAL FLORIDA, INC. | |

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| Principal Place of Business 5246 N. ORANGE BLOSSOM TRAIL, STE 203 ORLANDO, FL 32810 | Mailing Address POST OFFICE BOX 551222 ORLANDO, FL 32855 US |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

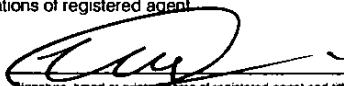
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07252008 Chg-NP CR2E037 (12/06)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FRANCOIS, CALIXTE PASTOR 5579 BRECKENRIDGE CIRCLE ORLANDO, FL 32818 | | Name Pastor Calixte Francois Street Address (P.O. Box Number is Not Acceptable) 1229 West 25th Street City Orlando FL 32805 | |

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  DATE **07-25-08**

Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|---|--|--|
| Filing Fee is \$61.25 Due by September 12, 2008 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | F FRANCOIS, CALIXTE PASTOR 5246 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700133870907 08/01/08--01047--011 **\$61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CO-F FRANCOIS, ALTAGRACE 5246 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AD MARRERO, CHARLES 1229 25TH STREET ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Odel Francois 5246 N. Orange Blossom Trail Orlando, FL 32810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 exemptions contained 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 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:  **07-25-08. 407.841.5006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #