2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 18, 2009
Secretary of State

DOCUMENT# N96000005684

Entity Name: THE HAITIAN COALITION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

5246 N. ORANGE BLOSSOM TRAIL, STE 203
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 551222
ORLANDO, FL 32855 US

New Mailing Address:

FEI Number: 59-3410208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANCOIS, CALIXTE PASTOR
1229 WEST 25TH STREET
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

FRANCOIS, CALIXTE PASTOR
5246 N. ORANGE BLOSSOM TRAIL, STE 203
ORLANDO, FL 32810 US

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: _____ 09/18/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: F ( ) Delete
Name: FRANCOIS, CALIXTE PASTOR
Address: 5246 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32810

Title: CO-F ( ) Delete
Name: FRANCOIS, ALTAGRACE
Address: 5246 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: FRANCOIS, ODNEL
Address: 5246 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: F (X) Change ( ) Addition
Name: FRANCOIS, CALIXTE PASTOR
Address: 5246 N. ORANGE BLOSSOM TRAIL, STE 203
City-St-Zip: ORLANDO, FL 32810

Title: CO-F (X) Change ( ) Addition
Name: FRANCOIS, ALTAGRACE
Address: 5246 N. ORANGE BLOSSOM TRAIL, STE 203
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Change ( ) Addition
Name: FRANCOIS, ODNEL
Address: 5246 N. ORANGE BLOSSOM TRAIL, STE 203
City-St-Zip: ORLANDO, FL 32810

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: PASTOR CALIXTE FRANCOIS F 09/18/2009
Electronic Signature of Signing Officer or Director — Date