

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000745

FILED
Feb 09, 2009
Secretary of State

Entity Name: HAITI VISION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

46 BENNINGTON DR
#3
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

P O BOX 10992
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0702646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. LOUIS, RAPHAEL
46 BENNINGTON DR
#3
NAPLES, FL 34104 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: PTD () Delete
Name: ST. LOUIS, RAPHAEL
Address: 46 BENNINGTON DR #3
City-St-Zip: NAPLES, FL 34104

Title: VPSD (X) Delete
Name: ST. LOUIS, ANALIA
Address: 46 BENNINGTON DR #3
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: ST LOUIS, MICHELET
Address: 46 BENNINGTON DR #3
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: ST. LOUIS, RAPHAEL
Address: 46 BENNINGTON DR #3
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAPHAEL ST. LOUIS

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date