

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001462

FILED  
Jul 20, 2005  
Secretary of State

**Entity Name:** HAITIAN-AMERICAN SOCIAL SERVICES COUNCIL, INC.

**Current Principal Place of Business:**

425 CRESENT DRIVE  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

425 CRESENT DRIVE  
LAKE PARK, FL 33403

**New Mailing Address:**

1645 PALM BEACH LAKES BLVD.,  
SUITE 460  
WEST PALM BEACH,, FL 33401

**FEI Number:** 65-0845147      **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:**

**Name and Address of New Registered Agent:**

FINLEY, CHANDLER R  
1645 PALM BEACH LAKES BLVD  
#460  
WEST PALM BEACH, FL 33401 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FRANCOIS, JEAN  
Address: 425 CRESENT DRIVE  
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete  
Name: FINLEY, CHANDLER R  
Address: 1645 PALM BEACH LAKES BLVD #460  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DP ( ) Delete  
Name: ROC-MYRTHIL, ARNELLE  
Address: 6577 SPRING MEADOW DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: FRANCOIS, JEAN D/P  
Address: 5211 WHITE OLEANDER  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D/VP (X) Change ( ) Addition  
Name: FINLEY, CHANDLER R D  
Address: 1645 PALM BEACH LAKES BLVD #460  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change ( ) Addition  
Name: ROC-MYRTHIL, ARNELLE D  
Address: 6577 SPRING MEADOW DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

Title: S ( ) Change (X) Addition  
Name: LEE, ANTOINETTE S  
Address: 5211 WHITE OLEANDER  
City-St-Zip: WEST PALM BEACH,, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHANDLER R. FINLEY, DIRECTOR

D

07/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date