


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002988 1. Entity Name THE HAITIAN AMERICAN SELF-HELP ORGANIZATION, INC.	
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Principal Place of Business 8630 VALLEY RIDGE CT. ORLANDO, FL 32818	Mailing Address 8630 VALLEY RIDGE CT. ORLANDO, FL 32818
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04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3474488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PICARD, JEAN CLAUDE 8630 VALLEY RIDGE COURT ORLANDO, FL 32818

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICARD, JEAN CLAUDE 8630 VALLEY RIDGE COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICARD, LAMERCIE 8630 VALLEY RIDGE COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, CHARLES 1511 GLASTONBERRY RD. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/19/06-80032-020 61.25

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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: JEAN CLAUDE PICARD **4/27/06** **(407) 293-7096**

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