


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000007280	
1. Entity Name HAITIAN-AMERICAN SUPPORT GROUP OF CENTRAL FLORIDA, INC.	

Principal Place of Business 1335 WEST WASHINGTON STREET SUITE B 2ND FLOOR ORLANDO, FL 32805	Mailing Address 1335 WEST WASHINGTON STREET SUITE B 2ND FLOOR ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3553522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARBER, RAY A
224 ANNIE ST
ORLANDO, FL 32806

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IN THIS SPACE**

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 NA (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by September 8, 2004	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	DP ROMULUS, EDWIGE 4215 CAROUSEL RD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAHENS, WESLEY 1412 W HOLDEN AVE APT A ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOWMAN, SABINE 790 E BIRCHWOOD CIR KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALEXANDRE, ANTOINE 2209 WOODWIND DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VENORD, JEAN 1510 E COLONIAL DR #300 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-BAPTISTE, RONALD 5244 LIGHTHOUSE RD ORLANDO, FL 32839

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07/14/04-80007-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature] 7-10-04 (407) 428-5753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #