

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007280

FILED
Jun 16, 2009
Secretary of State

Entity Name: HAITIAN-AMERICAN SUPPORT GROUP OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

927 S. GOLDWYN AVENUE
SUITE 210
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

860 GALWAY BOULEVARD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3553522 **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:

BARBER, RAY A
224 ANNIE ST
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

EDWIGE, ROMULUS
860 GALWAY BOULEVARD
APOPKA, FL 32703 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: EDWIGE ROMULUS

06/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROMULUS, EDWIGE
Address: 860 GALWAY BOULEVARD
City-St-Zip: APOPKA, FL 32703

Title: DS () Delete
Name: BOWMAN, SABINE
Address: 860 GALWAY BOULEVARD
City-St-Zip: APOPKA, FL 32703

Title: DS () Delete
Name: MATHIEU, SABINE
Address: 6263 KAIETEUR LANE
City-St-Zip: ORLANDO, FL 32808

Title: DT () Delete
Name: ALEXANDRE, ANTOINE
Address: 2209 WOODWIND DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: DT () Delete
Name: ALEXANDRE, MARIE I
Address: 2108 ONETA COURT
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: JEAN-LOUIS, MARIE A
Address: 4414 MEADOWBROOK AVENUE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: EDWINA, BARKLEY
Address: 4215 CAROUSEL ROAD
City-St-Zip: ORLANDO, FL 32808

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

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: EDWINA BARKLEY

DS

06/16/2009

Electronic Signature of Signing Officer or Director

Date