

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002926

FILED
Apr 30, 2004
Secretary of State

Entity Name: THE HAITIAN FAMILY ASSOCIATION INC.

Current Principal Place of Business:

140 W. 41ST STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6692
JACKSONVILLE, FL 322366692

New Mailing Address:

FEI Number: 59-3751305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, BOOZ
507 6TH STREET SOUTH
JACKSONVILLE, FL 32250 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: V () Delete
Name: PAUL, BOOZ A
Address: 507 6TH STREET SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: DOMOND, BERNARD
Address: 141 W.41ST ST.
City-St-Zip: JAX, FL 32207

Title: SD () Delete
Name: PAUL, MARJORIE L
Address: 5205 HANCOCK RD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: V () Delete
Name: WILSON, JEAN L
Address: 3760 UNIVERSITY BLVD., APT. 1051
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: PAUL, MARIE T
Address: 222 BLAIRMORE BLVD., #89
City-St-Zip: ORANGE PARK, FL 32073

Title: T () Delete
Name: EDWARDS, TINA
Address: 7201 ARLINGTON EXPRESSWAY, APT 103
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: BOOZ A. PAUL

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date