

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000002926

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE HAITIAN FAMILY ASSOCIATION INC.

Current Principal Place of Business:

514 5TH AVENUE S.
JACKSONVILLE, FL 32250

New Principal Place of Business:

6020 MERRILL ROAD
JACKSONVILLE, FL 32277

Current Mailing Address:

514 5TH AVENUE S.
JACKSONVILLE, FL 32250

New Mailing Address:

618 5TH AVENUE S.
JACKSONVILLE, FL 32250

FEI Number: 59-3751305 **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:

PAUL, BOOZ
515 5TH AVENUE S.
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

PAUL, BOOZ
618 5TH AVENUE S.
JACKSONVILLE, FL 32250 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: MARJORIE L. PAUL

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: PAUL, MARJORIE
Address: 618 5TH AVENUE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: WALLER, JULES
Address: 12971 SILVERSPRING DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: BERNARD, DOMOND
Address: 142 W 41 ST STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: ST () Delete
Name: PAUL, PIERRE A
Address: 8366 STERLING DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: ST () Delete
Name: FERNAND, CIMENT
Address: 5800 BARNES RD APT 57
City-St-Zip: JACKSONVILLE, FL 32216

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
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: MARJORIE L. PAUL

V

03/05/2009

Electronic Signature of Signing Officer or Director

Date