

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006703

FILED  
Feb 13, 2011  
Secretary of State

Entity Name: HAITIAN HOPE MINISTRIES, INC.

**Current Principal Place of Business:**

301 SW WEST VIRGINIA  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**  
861 SW TOUVILLE AVE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 59-3610299      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACQUESON, PIERRE REV  
861 SW TROUVILLE AVE  
PORT SAINT LUCIE, FL 34953 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: P  
Name: PIERRE, JACQUESON REV  
Address: 861 S W TROUVILLE AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP  
Name: GARCON, PHENIEL  
Address: 6837 ATHENA  
City-St-Zip: LAKE WORTH, FL 33463

Title: T  
Name: SAINTIL, CAROL  
Address: 1907 SW CRANBERRY ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S  
Name: JEAN-BAPTISTE, MICHELLE  
Address: 2528 WILLOW LAKE APT 104  
City-St-Zip: LAKE WORTH, FL 33461

Title: S  
Name: PIERRE, VILIANE  
Address: 861 SW TROUVILLE AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: JACQUESON PIERRE

P

02/13/2011

Electronic Signature of Signing Officer or Director

Date