

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011648

FILED
Apr 05, 2009
Secretary of State

Entity Name: MERCY FOR HAITI, INC.

Current Principal Place of Business:

329 GAIT CT
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

329 GAIT CT
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 20-4297608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESAMOURS, ROSE D
329 GAIT CT
KISSIMMEE, FL 34743 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 () Delete
Name: DESAMOURS, ROSE D
Address: 329 GAIT CT
City-St-Zip: KISSIMMEE, FL 34743

Title: V () Delete
Name: SAINT CYR, MARIE D
Address: 98 LAS BRISAS WAY
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: LESPERANCE, SOUERETTE
Address: 2410 RUTH LANE
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Delete
Name: DUVAL, JACQUE H
Address: 2606 LANIER RD
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete
Name: MAGLOIRE, ROSE L
Address: 12 FLINT AVE
City-St-Zip: HEMPSTEAD, NY 11550

Title: D (X) Delete
Name: LOUIS, PIERRE J
Address: 2213 SOUTH LAKE AVE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MAGLOIRE, ROSE L
Address: 12 FLINT AVE
City-St-Zip: HEMPSTEAD, NY 11550

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

Title: T (X) Change () Addition
Name: SAINT CYR, MARIE
Address: 112 MEXICALLI AVE
City-St-Zip: KISSIMMEE, FL 34743

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: ROSE D. DESAMOURS

P

04/05/2009

Electronic Signature of Signing Officer or Director

Date