

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003725

FILED
Apr 03, 2009
Secretary of State

Entity Name: HAITIAN AMERICAN PROFESSIONAL COALITION, INC.

Current Principal Place of Business:

1040 NW 10 AVE
FT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

1040 NW 10 AVE
FT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 01-0694324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JODESTY, YVES
1040 NW 10 AVE
FT LAUDERDALE, FL 33311 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: D () Delete
Name: JODESTY, YVES
Address: 1040 NW 10 AVE
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: D () Delete
Name: PREZEAU, MAGALY
Address: 3000 NE 151 ST
City-St-Zip: N MIAMI BEACH, FL 33181 US

Title: D () Delete
Name: ETIENNE, MARIE
Address: 19830 NE 14 AVE
City-St-Zip: N MIAMI BEACH, FL 33179 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: ETIENNE, MARIE
Address: 19830 NE 14 AVE
City-St-Zip: N MIAMI BEACH, FL 33179 US

Title: VP () Change (X) Addition
Name: CASTOR, SEVIGNE
Address: 5811 WEST HALLANDALE BLVD.
City-St-Zip: WEST PARK, FL 33023

Title: T () Change (X) Addition
Name: CONZE, KERTCH J
Address: 801 N.E. 167TH STREET, SECOND FLOOR
City-St-Zip: NORTH MIAMI BECH, FL 33162

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: KERTCH J. CONZE, ESQ.

T

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date