

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001673

FILED
May 18, 2012
Secretary of State

Entity Name: ASSOCIATION OF HAITIAN SOCIAL WORKERS, INC.

Current Principal Place of Business:

8325 NE 2ND AVE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

PO BOX 551962
MIAMI GRADENS, FL 33055

New Mailing Address:

8325 NE 2ND AVE
MIAMI, FL 33138

FEI Number: 20-2807146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ANNEZE
4798 NW 6TH CT
DELRAY BEACH, FL 33445 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: BROWN, ANNEZE
Address: 4798 NW 6TH COURT
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP
Name: HOMY, MYRLENE
Address: 21001 NW 14TH PL., #245
City-St-Zip: MIAMI GARDENS, FL 33169

Title: T
Name: SAINT-FORT, MARIE-LOURDES
Address: 1479 NE 180TH STREET
City-St-Zip: MIAMI, FL 33169

Title: C
Name: DESRAMEAUX, RODNEY
Address: PO BOX 551962
City-St-Zip: MIAMI, FL 33055

Title: VC
Name: JEAN, GIORDANY
Address: 8325 NE 2ND AVE
City-St-Zip: MIAMI, FL 33138

Title: S
Name: ALEXIS, MARIE
Address: 10701 NW 2ND COURT
City-St-Zip: MIAMI, FL 33168

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: ABROWN

P

05/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date