

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90005 047 ****70.00

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1. Entity Name
HAITIAN-AMERICAN SOCIAL SERVICES COUNCIL, INC.



Principal Place of Business
307 S DIXIE HWY
LAKE WORTH, FL 33460

Mailing Address
307 S DIXIE HWY
LAKE WORTH, FL 33460

54058254



06172004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0845147

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINLEY, CHANDLER R
1645 PALM BEACH LAKES BLVD
#460
WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06-17-2004

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FRANCOIS, JEAN**
STREET ADDRESS **380 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FINLEY, CHANDLER R**
STREET ADDRESS **1645 PALM BEACH LAKES BLVD #520**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☒ Delete
NAME **PRESENDIEU, NATHAN**
STREET ADDRESS **927 N K STREET**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Arnelle Roc-Myrthil**
STREET ADDRESS **6577 Spring Meadow Dr.**
CITY-ST-ZIP **Greenacres, FL 33463**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chandler R. Finley **Chandler R. Finley, Director** **6/17/04** **501-540-9070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #