

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005460

FILED  
Jun 09, 2009  
Secretary of State

Entity Name: HAITIAN-AMERICAN STUDENTS' & PARENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

14645 NW 77 AVE, SUITE 201  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

14645 NW 77 AVE, SUITE 201  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 65-0998688      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JEAN-PHILLIPE, MARIE L  
1405 NW 167TH ST, SUITE 100  
MIAMI, FL 33169 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: VP ( ) Delete  
Name: ETIENNE, CLAUDIE  
Address: 16305 SW 107 AVE  
City-St-Zip: MIAMI, FL 33157

Title: PD ( ) Delete  
Name: JEAN-PHILLIPE, MARIE L  
Address: 14645 SW 107 AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: ARSD ( ) Delete  
Name: DUVAL, ERNST  
Address: 3072 GRANDIFLORA DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: RSD ( ) Delete  
Name: JOSEPH, SELMON  
Address: 15001 NE 6 PLACE  
City-St-Zip: NORTH MIAMI, FL 33162

Title: 2VP ( ) Delete  
Name: LUNDY, CHARLES  
Address: 1070 NE 157 TERRACE  
City-St-Zip: N MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: MARIE JEANPHILIPPE

PD

06/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date