## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008036

Entity Name: HAITIAN NEIGHBORHOOD CENTER SANT LA, INC.

**FILED** Jan 11, 2018 **Secretary of State** CC9058432478

## **Current Principal Place of Business:**

13390 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161

# **Current Mailing Address:**

13390 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161 US

FEI Number: 65-1080680 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

NORTH MIAMI FL 33181

METELLUS, GEPSIE ME.D. 13390 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **SECRETARY** Title CHAIRMAN

Name **BRONSON-MARCELLUS, ASHAKI** Name LABROUSSE, THAMARA Address 12290 BISCAYNE BOULEVARD Address **541 NE 71 STREET** 

City-State-Zip:

MIAMI FL 33138

Title CEO Title **OFFICER** 

Name RENAZILE, JEAN Name METELLUS, GEPSIE M Address 13385 SW 28TH STREET Address 515 NE 107TH STREET City-State-Zip: MIAMI FL 33161

City-State-Zip: MIAMI FL 33027

Title **TREASURER** Title VC Name BONY, HERVE WILLIAMS, SANDRA Name

Address 15252 NE 18TH AVENUE 990 BISCAYNE BOULEVARD Address

SUITE 501

City-State-Zip: NORTH MIAMI BEACH FL 33162 City-State-Zip: MIAMI FL 33132

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: GEPSIE M. METELLUS

**EXECUTIVE DIRECTOR** 

01/11/2018