

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008036

**Entity Name:** HAITIAN NEIGHBORHOOD CENTER SANT LA, INC.

**FILED**  
**Feb 12, 2016**  
**Secretary of State**  
**CC7918487263**

**Current Principal Place of Business:**

5000 BISCAYNE BLVD.  
SUITE 110  
MIAMI, FL 33137

**Current Mailing Address:**

5000 BISCAYNE BLVD.  
SUITE 110  
MIAMI, FL 33137

**FEI Number:** 65-1080680

**Certificate of Status Desired:** No

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

METELLUS, GEPSIE ME.D.  
5000 BISCAYNE BOULEVARD, SUITE 110  
SUITE 110  
MIAMI, FL 33137 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOC  
Name BRONSON-MARCELLUS, ASHAKI  
Address 12290 BISCAYNE BOULEVARD  
City-State-Zip: NORTH MIAMI FL 33181

Title BOVC  
Name RIOS , ANA  
Address 3560 NORTH 37TH STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title TREASURER  
Name RENAZILE, JEAN  
Address 13385 SW 28TH STREET  
City-State-Zip: MIAMI FL 33027

Title BD  
Name METELLUS, GEPSIE M  
Address 515 NE 107TH STREET  
City-State-Zip: MIAMI FL 33161

Title SECRETARY  
Name WILLIAMS, SANDRA  
Address 990 BISCAYNE BOULEVARD  
SUITE 501  
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**

**02/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date