

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003725

**Entity Name:** HAITIAN AMERICAN PROFESSIONAL COALITION, INC.

**Current Principal Place of Business:**

1040 NW 10 AVE  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

PO BOX 693188  
MIAMI, FL 33269-3188 US

**FEI Number: 01-0694324**

**Certificate of Status Desired: No**

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

DELICA, FAYOLA  
9825 NE 2ND AVE  
UNIT #530471  
MIAMI SHORES, FL 33153 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:** FAYOLA DELICA

06/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name ETIENNE, MARIE O  
Address 19830 NE 14 AVENUE  
City-State-Zip: MIAMI FL 33179

Title CHAIRMAN  
Name DORSAINVIL, SANDY  
Address 18708 NW 14TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title VC  
Name JOSEPH, VANESSA  
Address 999 NE 125TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title TREASURER  
Name LEVEILLE, DOROTHY  
Address PO BOX 6933467  
City-State-Zip: MIAMI FL 33269

Title SECRETARY  
Name MALEBRANCHE, VERONIQUE  
Address 1240 NE 103RD ST  
City-State-Zip: MIAMI SHORES FL 33138

Title EXECUTIVE DIRECTOR  
Name DELICA, FAYOLA  
Address PO BOX 530471  
City-State-Zip: MIAMI SHORES FL 33153

*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:** FAYOLA DELICA

EXECUTIVE DIRECTOR

06/23/2020

Electronic Signature of Signing Officer/Director Detail

Date