#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003725

Entity Name: HAITIAN AMERICAN PROFESSIONAL COALITION, INC.

**FILED** Apr 13, 2017 **Secretary of State** CC5781541023

# **Current Principal Place of Business:**

1040 NW 10 AVE

FT LAUDERDALE, FL 33311

## **Current Mailing Address:**

P.O. BOX 693118

MIAMI. FL 33269-0118 US

FEI Number: 01-0694324 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JODESTY, YVES 1040 NW 10 AVE

FT LAUDERDALE, FL 33311 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: YVES JODESTY 04/13/2017

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title

JODESTY, YVES Name ETIENNE, MARIE O Name 1040 NW 10 AVE Address 19830 NE 14 AVENUE Address City-State-Zip: MIAMI FL 33179

FT LAUDERDALE FL 33311 City-State-Zip:

Title VC Title **CHAIRMAN** 

Name SERAPHIN, BARBARA MIRVILLE, NAHOMIE Name Address 247 NE 199TH LN Address 2572 SW 85TH TERRACE MIAMI FL 33179 City-State-Zip: City-State-Zip: MIRAMAR FL 33025

**SECRETARY** Title **TREASURER** Title

Name JOSEPH, VANESSA Name LOZAMA, MARJORIE

Address 13940 SW 158TH STREET 1940 SW 129TH STREET Address

City-State-Zip: MIAMI FL 33177 City-State-Zip: MIRAMAR FL 33027

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.

04/13/2017 SIGNATURE: MARIE ETIENNE DIRECTOR