

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003725

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

**Current Principal Place of Business:**

713 NE 125TH STREET  
NORTH MIAMI, FL 33161

**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:**

MONESTIME, MARLINE  
13805 NW 3RD AVENUE  
NORTH MIAMI, FL 33168 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: MARLINE MONESTIME**

**03/23/2021**

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 CHAIRWOMAN  
Name NICOLAS, GUERDA PHD  
Address 20514 SW 88 AVENUE  
City-State-Zip: MIAMI FL 33189

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

Title TREASURER  
Name LOUIS-MAGISTE, PAULINE  
Address 21060 N MIAMI AVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title SECRETARY  
Name PHILIPPEAU, KATIA  
Address 12500 SW 5TH COURT  
M110  
City-State-Zip: PEMBROKE PINES FL 33027

Title EXECUTIVE DIRECTOR  
Name MONESTIME, MARLINE  
Address 13805 NW 3RD AVENUE  
City-State-Zip: NORTH MIAMI FL 33168

*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: PAULINE LOUIS-MAGISTE**

**TREASURER**

**03/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date