

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010622

Entity Name: ALBERT C. PIERRE COMMUNITY SERVICE CENTER, INC.**Current Principal Place of Business:**8017 N.E. 2ND AVE
MIAMI, FL 33138**Current Mailing Address:**8017 N.E. 2ND AVE
MIAMI, FL 33138 US**FEI Number: 34-2023275****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DIAMBOIS, DOMINIQUE
8017 N.E. 2ND AVE
MIAMI, FL 33138 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: DOMINIQUE DIAMBOIS****04/06/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. TREASURER
Name PHILOSSAINT, ADLEY
Address 345 NW 99TH STREET
City-State-Zip: MIAMI FL 33150

Title DIRECTOR
Name CARRINGTON, SELWYN
Address 20230 NW 4 AVE
City-State-Zip: MIAMI GARDENS FL 33169

Title TREASURER
Name AUGUSTE, WINDA S
Address 9528 NW 2ND COURT
City-State-Zip: MIAMI FL 33150

Title SECRETARY
Name DIAMBOIS, DOMINIQUE
Address 8017 N.E. 2ND AVE
City-State-Zip: MIAMI FL 33138

Title DIRECTOR
Name NEDD, KENNETH J
Address 8017 N.E. 2ND AVE
City-State-Zip: MIAMI FL 33138

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: WINDA AUGUSTE**TREASURER****04/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date