

**2023 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:**JAIRAM, DAREN  
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:** DAREN JAIRAM

05/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            PHILOSSAINT, ADLEY  
Address        8017 NE 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

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

Title            CHAIRMAN  
Name            JAIRAM, DAREN  
Address        8017 N.E. 2ND AVE  
City-State-Zip: MIAMI FL 33138

Title            VC  
Name            GRANT, BERNADETTE ROXANE  
Address        8017 N.E. 2ND AVE  
City-State-Zip: MIAMI FL 33138

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

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

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

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*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:** ADLEY PHILOSSAINT

TREASURER

05/08/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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

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

Title DIRECTOR  
Name ENGLISH, JR. , BALDWIN  
Address 8017 N.E. 2ND AVE  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name MCCALLA, LENWARD DR.  
Address 8017 N.E. 2ND AVE  
City-State-Zip: MIAMI FL 33138