2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011254

Entity Name: HAITIAN MUSEUM OF ART AND CULTURE, INC.

FILED May 20, 2020 **Secretary of State** 4502504934CC

Current Principal Place of Business:

2870 MIRELLA CT

8205

WINDERMERE, FL 34786

Current Mailing Address:

2870 MIRELLA CT

8205 207

WINDERMERE, FL 34786 US

FEI Number: 13-4289998 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUILLAUME, FREDERIC M

2870 MIRELLA CT

8205

WINDERMERE, FL 34786 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: FREDERIC M GUILLAUME 05/20/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title DIRECTOR

GUILLAUME, FREDERIC M Name Name ANTOINE, VIGAUD

2870 MIRELLA CT 2870 MIRELLA CT Address Address 8205 8205

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR Title DIRECTOR

Name MILORD, MARIA E Name NICOLAS, HADASCHA

Address 2870 MIRELLA CT Address 2870 MIRELLA CT 8205

8205

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR Title DIRECTOR

PIERRE, PATRICK BARTHOLE, EDOUARD THIERRY Name Name

2870 MIRELLA CT Address 2870 MIRELLA CT Address 8205 8205

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786

Title **DIRECTOR**

Name

Address 2870 MIRELLA CT

8205

WINDERMERE FL 34786 City-State-Zip:

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: FREDERIC M GUILLAUME

PELISSIER, JOEL CHARLES

05/20/2020 CEO

Electronic Signature of Signing Officer/Director Detail

Date