

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001016

**Entity Name:** HAITIAN CHURCHES COALITION AGAINST HUNGER & ILLNESS, INC

**FILED**  
**Mar 03, 2014**  
**Secretary of State**  
**CC6005771447**

**Current Principal Place of Business:**

205 NORTH FEDERAL HWY  
# 3  
LAKE WORTH, FL 33460

**Current Mailing Address:**

205 NORTH FEDERAL HWY  
PT. 3  
LAKE WORTH, FL 33460

**FEI Number: 14-1996498**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PRINCIPAL, ARNOLD  
205 N FEDERAL HWY  
APT. 3  
LAKE WORTH, FL 33460 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MR  
Name PRINCIPAL, ARNOLD  
Address 4925 DONOVAN ST  
City-State-Zip: ORLANDO FL 32808

Title MR  
Name JEAN-PIERRE, ROSSENER  
Address 330 S DIXIE HWY STE 3  
City-State-Zip: LAKE WORTH FL 33460

Title MR  
Name ARBOUET, HENOC  
Address 4925 DONOVAN ST  
City-State-Zip: ORLANDO FL 32808

Title C  
Name JEAN-PIERRE, ROSSENER  
Address 330 SOUTH DIXIE HIGHWAY, STE 3  
City-State-Zip: LAKE WORTH FL 33460

Title S  
Name JEAN, PERRY  
Address 22682 SW 54TH WAY  
City-State-Zip: BOCA RATON FL 33433

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: ARNOLD PRINCIPAL**

**TREASURER**

**03/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date