

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

DOCUMENT# N10000000979

**FILED  
Feb 08, 2014  
Secretary of State  
CC7022987204**

**Entity Name:** HAITIAN-AMERICAN PASTORS UNITED FOR GREATER IMPACT, INC.

**Current Principal Place of Business:**

7840 TROPICANA STREET  
MIRAMAR, FL 33023

**Current Mailing Address:**

7840 TROPICANA STREET  
MIRAMAR, FL 33023 US

**FEI Number: 27-1804629**

**Certificate of Status Desired: No**

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

FLOREAL, JOANEM  
7840 TROPICANA ST  
MIRAMAR, FL 33023 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 P  
Name FLOREAL, JOANEM F  
Address 7840 TROPICANA ST  
City-State-Zip: MIRAMAR FL 33023

Title VP  
Name GABRIEL, DEMOSTHENE  
Address 260 NW 148 ST  
City-State-Zip: MIAMI FL 33168

Title S  
Name GEORGES, LEONEL  
Address 250 NE 123 ST  
City-State-Zip: MIAMI FL 33161

Title T  
Name FLOREAL, PREVAL S  
Address 12685 NE 4TH AVE  
City-State-Zip: MIAMI FL 33161

Title D  
Name CHARLES, ALAIN  
Address 540 NW 87TH ST  
City-State-Zip: MIAMI FL 33150

*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: JOANEM FLOREAL**

**PRESIDENT**

**02/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date