|  | DOCUMENT# N1000000979  |  |  |  |
|--|--|--|--|--|
|  | Entity Name: HAITIAN-AMERICAN PASTORS UNITED FOR GREATER IMPACT INC. |  |  |  |
|  | Current Principal Place of Business:                                 |  |  |  |

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

7840 TROPICANA STREET MIRAMAR, FL 33023

# **Current Mailing Address:**

7840 TROPICANA STREET MIRAMAR, FL 33023 US

## FEI Number: 27-1804629

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

FLOREAL, JOANEM 7840 TROPICANA ST MIRAMAR, FL 33023 US Certificate of Status Desired: No

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

## **Officer/Director Detail :**

| Title           | Р                        | Title           | VP                   |  |  |
|-----------------|--------------------------|-----------------|----------------------|--|--|
| Name            | FLOREAL, JOANEM F        | Name            | ST GEORGES, WEBSTER  |  |  |
| Address         | 7840 TROPICANA ST        | Address         | 800 NE 182ND TERRACE |  |  |
| City-State-Zip: | MIRAMAR FL 33023         | City-State-Zip: | MIAMI FL 33162       |  |  |
| Title           | S                        | Title           | т                    |  |  |
| Name            | GEORGES, LEONEL          | Name            | FLOREAL, PREVAL S    |  |  |
| Address         | 250 NE 123 ST            | Address         | 12685 NE 4TH AVE     |  |  |
| City-State-Zip: | MIAMI FL 33161           | City-State-Zip: | MIAMI FL 33161       |  |  |
| Title           | D                        |                 |                      |  |  |
| Name            | NICOLAS, CLAUDY          |                 |                      |  |  |
| Address         | 660 EAST MELROSE CIR     |                 |                      |  |  |
| City-State-Zip: | FORT LAUDERDALE FL 33312 |                 |                      |  |  |
|                 |                          |                 |                      |  |  |

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.

Ρ

# SIGNATURE: JOANEM FLOREAL

Electronic Signature of Signing Officer/Director Detail



Date

04/27/2019 Date