

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003724

**Entity Name:** THE GOOD SAMARITAN PROJECT OF HAITI, INC.

**Current Principal Place of Business:**

6524 SW 8TH PLACE  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

7276 W. ATLANTIC BLVD SUITE 433  
MARGATE, FL 33063 US

**FEI Number: 27-2351051**

**Certificate of Status Desired: Yes**

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

MORISSET, PRISCILLA  
7660 NW 47TH AVE  
COCONUT CREEK, FL 33073 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 DEROSENEY, ENOCK J  
Address 6524 SW 8TH PLACE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title VP  
Name DEROSENEY, SHARAN  
Address 6524 SW 8TH PLACE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title TREA  
Name MORISSET, PRISCILLA  
Address 7660 NW 47TH AVE  
City-State-Zip: COCONUT CREEK FL 33073

Title PUBLIC RELATIONS  
Name MAPP, DONALD  
Address 126 COLE FOREST BLVD  
City-State-Zip: BARNESVILLE GA 30204

Title S  
Name SAINVIL, MARC  
Address 7312 NW 58TH CT  
City-State-Zip: TAMARAC FL 33321

Title OTHER, BOARD MEMBER ADVISOR  
Name ROSIER, JEAN A  
Address 5342 LAKE VICTORIA CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33409

*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: SHARAN DEROSENEY**

**VP**

**03/15/2024**

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

\_\_\_\_\_  
Date