

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

DOCUMENT# N15000009343

**Entity Name:** HAITIAN-AMERICAN COMMUNITY COALITION OF SW FLORIDA, INC.**FILED**  
**Feb 26, 2024**  
**Secretary of State**  
**7044168525CC****Current Principal Place of Business:**3949 EVANS AVENUE, SUITE 304  
FORT MYERS, FL 33901**Current Mailing Address:**3949 EVANS AVENUE, SUITE 304  
FORT MYERS, FL 33901 US**FEI Number: 81-3923307****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JACQUET-CASTOR, BEATRICE  
226 SE 15TH STREET  
CAPE CORAL, FL 33990 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: BEATRICE JACQUET-CASTOR****02/26/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** CHAIRMAN  
**Name** BUNTZMAN, AROL DR.  
**Address** 12747 YACHT CLUB CIRCLE  
**City-State-Zip:** FORT MYERS FL 33919**Title** PRESIDENT  
**Name** JACQUET-CASTOR, BEATRICE  
**Address** 226 SE 15TH STREET  
**City-State-Zip:** CAPE CORAL FL 33990**Title** VP  
**Name** SHERMAN, STEVE  
**Address** 5231-4 CEDARBEND DR  
**City-State-Zip:** FORT MYERS FL 33901**Title** SECRETARY  
**Name** VAUGHN, BETSY  
**Address** P.O BOX 62016  
**City-State-Zip:** FORT MYERS FL 33906**Title** DIRECTOR  
**Name** BOYER, ARTHUR DR.  
**Address** P.O BOX 62016  
**City-State-Zip:** FORT MYERS FL 33906**Title** DIRECTOR  
**Name** ALEXANDRE, ILOMISE  
**Address** 1441 MANDEL RD  
**City-State-Zip:** FORT MYERS FL 33919**Title** DIRECTOR  
**Name** BUTTS, TIMOTHY DR.  
**Address** 3069 NW 4TH AVENUE  
**City-State-Zip:** CAPE CORAL FL 33993**Title** DIRECTOR  
**Name** JESSICA , VICTORIN  
**Address** P.O. BOX 62016  
**City-State-Zip:** FORT MYERS FL 33906**Continues on page 2**

*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: BEATRICE JACQUET-CASTOR****PRESIDENT****02/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	CHERY, GUERLING	Name	ST.LOUIS, NICOLLE
Address	P.O BOX 62016	Address	P.O BOX 62016
City-State-Zip:	FORT MYERS FL 33906	City-State-Zip:	FORT MYERS FL 33906
Title	OFFICER		
Name	JACQUET & ASSOCIATES BOOKKEEPING & BUSINESS SVCS, LLC		
Address	P.O BOX 62016		
City-State-Zip:	FORT MYERS FL 33906		