

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009343

**Entity Name:** HAITIAN-AMERICAN COMMUNITY COALITION OF SW FLORIDA, INC.**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**3570911477CC****Current Principal Place of Business:**226 SE 15TH STREET  
CAPE CORAL, FL 33990**Current Mailing Address:**P.O BOX 62016  
FORT MYERS, FL 33906 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****04/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** CHAIRMAN  
**Name** BUNTZMAN, AROL  
**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** SAINT-CYR, KETLY  
**Address** P.O BOX 62016  
**City-State-Zip:** FORT MYERS FL 33906**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****REGISTERED AGENT****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                CHERY, GUERLING  
Address             P.O BOX 62016  
City-State-Zip:    FORT MYERS FL 33906

Title                 DIRECTOR  
Name                ST.LOUIS, NICOLLE  
Address             P.O BOX 62016  
City-State-Zip:    FORT MYERS FL 33906