

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N18000000921

Entity Name: COUNCIL FOR HAITIAN AFFAIRS, INC.

Current Principal Place of Business:

9846 HAMMOCKS BLVD. #107
MIAMI, FL 33196

Current Mailing Address:

PO BOX 33296-0351
MIAMI, FL 33196 US

FEI Number: 82-4189591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALTINE, EDDY
9846 HAMMOCKS BLVD. #107
MIAMI, FL 33196 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 PRESIDENT
Name ALTINE, EDDY PHD
Address 9846 HAMMOCKS BLVD. #107
City-State-Zip: MIAMI FL 33196

Title VP
Name JABOUIN, PATRICK PHD
Address 7675 NW 20TH COURT
City-State-Zip: SUNRISE FL 33322

Title TREASURER
Name ARNOUX, DANIEL MS
Address 8301 NW 57TH PLACE
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name MONDESTIN, EDELINE BEAUVAIS
BSN
Address 10365 SW 111ST STREET
City-State-Zip: MIAMI FL 33176

Title ASST. SECRETARY
Name SANSARICQ, MARIE B MPA
Address 443 NE 195TH STREET
APT. 434
City-State-Zip: MIAMI FL 33179

Title OFFICER
Name BAZILE, MARIE ANDREE PHD
Address 14925 SW 22ND STREET
City-State-Zip: MIAMI FL 33176

Title OFFICER
Name MAZARD-SAINTILUS, CARLINE MPA
Address 5245 SW 40TH AVENUE
City-State-Zip: FORT LAUDERLALE FL 33114

Title OFFICER
Name PIERRE-LOUIS, JACQUES MPA
Address 10572 SW 16TH STREET
City-State-Zip: PEMBROKE PINES FL 33025

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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: EDDY ALTINE

PRESIDENT

06/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name SICARD, AUDE
Address 60 NW 161ST AVE
City-State-Zip: PEMBROKE PINES FL 33028

Title OFFICER
Name LEVROS, NANCY ESQ.
Address 8513 WINDSOR DRIVE
City-State-Zip: MIRAMAR FL 33025