

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000001656

**Entity Name:** HAITIAN AMERICAN RELIEF COALITION, CORP

**Current Principal Place of Business:**

8400 NE 2ND AVE  
MIAMI, FL 33138

**FILED**  
**Jan 11, 2021**  
**Secretary of State**  
**5572219676CC**

**Current Mailing Address:**

P. O. BOX 222293  
HOLLYWOOD, FL 33022 US

**FEI Number: 82-4446495**

**Certificate of Status Desired: No**

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

CHERFRERE, RIKENSON  
2511 N ANDREWS AVE  
WILTON MANORS, FL 33311 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 HIPPOLYTE, ALLEN  
Address 8400 NE 2ND AVE  
City-State-Zip: MIAMI FL 33138

Title VP  
Name ANESTIN, LORY  
Address 8400 NE 2ND AVE  
City-State-Zip: MIAMI FL 33138

Title S  
Name LOUIS, ARRIETE  
Address 8400 NE 2ND AVE  
City-State-Zip: MIAMI FL 33138

Title T  
Name LOUIS, NECSIN  
Address 8400 NE 2ND AVE  
City-State-Zip: MIAMI FL 33138

*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: NECSIN LOUIS**

**T**

**01/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date