

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000002419

FILED
Apr 04, 2023
Secretary of State
8145724759CC

Entity Name: HAITIAN FAMILY FOUNDATION.INC

Current Principal Place of Business:

20801 BISCAYNE BOULEVARD
SUITE 403
AVENTURA, FL 33180

Current Mailing Address:

20801 BISCAYNE BOULEVARD
SUITE 403
AVENTURA, FL 33180 US

FEI Number: 86-2242630

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ETHER, BOURBON
140 NW 198 STREET
MIAMI,, FL 33169 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	Title	VP
Name	LAMBERT, MACKENZY	Name	BENOIT, LIVINGSTON
Address	91 NE 163RD ST	Address	12450 NW 5AVE
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	MIAMI FL 33168
Title	S.G	Title	TREA
Name	JEANTY, RICHARD	Name	JOSEPH, JHONNY
Address	3900 MOUNTAIN WAY COVE,	Address	2131 SW 68AVE
City-State-Zip:	SNELLVILLE GA 30039	City-State-Zip:	MIRAMAR FL 33023
Title	DFR	Title	DPR
Name	DEMEZIER, JEAN CARLO	Name	PAYOUTE, GILBERT
Address	4100 23RD PL SW	Address	3 ALLIED DRIVE
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	DEDHAM 02026
Title	CO-DFR	Title	DEL
Name	BENOIT, SONEL	Name	JACQUES, BEATRICE
Address	5633 ST JAMESCT APT 1W	Address	91 NE 163RD ST
City-State-Zip:	PELOUSE OAL,IL IL 60453	City-State-Zip:	MIAMI FL 33162

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: MACKENZY LAMBERT

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ADV
Name OSLINE , PIERRE
Address 1650 NE 157TH TERRACE
City-State-Zip: NORTH MIAMI BEACH FL