

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002394

Entity Name: THE ASSOCIATION OF HAITIAN EDUCATORS OF DADE, INC.**Current Principal Place of Business:**550 NE 124 STREET
NORTH MIAMI, FL 33161**Current Mailing Address:**P.O. BOX 610091
NORTH MIAMI, FL 33061 US**FEI Number:** 65-0512234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIERRE, ANDRE
550 NE 124 STREET
NORTH MIAMI, FL 33161 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:** ANDRE PIERRE

04/27/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CHARLES, FRANTZ PIERRE
Address 855 NW 126TH ST
City-State-Zip: NORTH MIAMI FL 33168

Title VP
Name VIARD, MARIE THIRSTA
Address 322 NE 108 ST
City-State-Zip: MIAMI SHORES FL 33161

Title SECRETARY
Name PROPHETE, MAGDA
Address 17314 NW 7 ST
City-State-Zip: PEMBROKE PINES FL 33029

Title PAST PRESIDENT
Name MIDY-PLACIDE, YVEROSE
Address 1200 ST. CHARLES PLACE
 C209
City-State-Zip: PEMBROKE PINES FL 33026

Title TREASURER
Name DUVAL, SABINE
Address 15815 NW 10TH STREET
City-State-Zip: PEMBROKE PINES FL 33028

Title PUBLIC RELATIONS
Name GAY-DORVIL, DINAH
Address 110 NE 129 ST
City-State-Zip: NORTH MIAMI FL 33161

Title MEMBER AT LARGE
Name OCEAN, MARIE
Address 530 NE 133 ST
City-State-Zip: NORTH MIAMI FL 33161

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: MAGDA PROPHETE**SECRETARY**

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date