

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005460

**FILED**  
**May 29, 2014**  
**Secretary of State**  
**CC3733642945**

**Entity Name:** HAITIAN-AMERICAN STUDENTS' & PARENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

14645 NW 77 AVE, SUITE 201  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

14645 NW 77 AVE, SUITE 201  
MIAMI LAKES, FL 33014

**FEI Number:** 65-0998688

**Certificate of Status Desired:** No

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

JEAN-PHILLIPE, MARIE L  
1405 NW 167TH ST, SUITE 100  
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 ST  
Name LUNDY, HANDEL  
Address 2024 SW 173 AVENUE  
City-State-Zip: MIRAMAR FL 33029

Title PD  
Name JEAN-PHILLIPE, MARIE L  
Address 14645 SW 107 AVENUE  
City-State-Zip: MIAMI FL 33157

Title 1VP  
Name STEPHEN, SUZIE M  
Address 14735 N SPUR DRIVE  
City-State-Zip: MIAMI FL 33161

Title 2SD  
Name OSORIO-CAMPBELL, BERTHA  
Address 20452 NW 18 AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

Title 2VP  
Name BROWN, PATRICIA  
Address 625 NE 166 STREET APT 102  
City-State-Zip: N MIAMI BEACH FL 33162

*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:** MARIE L JEAN-PHILLIPE

PD

05/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date