

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

DOCUMENT# F03000003555

**FILED**  
**Mar 25, 2014**  
**Secretary of State**  
**CC6232717018**

**Entity Name:** HAITIAN AMERICAN NATIONALISTS FOR DEMOCRACY, INC.

**Current Principal Place of Business:**

3627 AVE. DE GIEN  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

3627 AVE. DE GIEN  
DELRAY BEACH, FL 33445

**FEI Number: 52-2277356**

**Certificate of Status Desired: No**

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

ALTIDOR-DOMOND, MARITZA J  
3627 AVE. DE GIEN  
DELRAY BEACH, FL 33445 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 PVC  
Name ABRAHAM, REGINALD  
Address 434 WOLF HILL ROAD  
City-State-Zip: DIX HILLS NY 11746

Title S  
Name OFORI, KOFI A  
Address 1821 SHEPHERD ST NE  
City-State-Zip: WASHINGTON DC 20018

Title T  
Name CHARLES, HAROLD  
Address 9108 10TH STREET  
City-State-Zip: LANHAM MD

Title C  
Name DANIEL, ROBERT DR.  
Address 18215 SW 4 COURT  
City-State-Zip: PEMBROKE PINES FL 33029

Title D  
Name BOUCARD, REGINE  
Address 5225 POOKS HILL ROAD APT. 315-S  
City-State-Zip: BETHESDA MD 20814

Title D  
Name LAPLANTHE, CAROLE  
Address 10 GOTHAM AVE.  
City-State-Zip: ELMONT NY 11003

*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: REGINALD ABRAHAM**

**PVC**

**03/25/2014**

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

\_\_\_\_\_  
Date