2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008524

1. Entity Name
HAITIAN AMERICAN CITIZENSHIP AND VOTER EDUCATION CENTER INC.

Principal Place of Business	Mailing Address
8370 NE 2ND AVE MIAMI, FL 33138 US	8370 NE 2ND AVE MIAMI, FL 33138 US

07012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1072355
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DESPINOSSE, JACQUES
95 NE 131 ST
NORTH MIAMI, FL 33161

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PHILIPPE, ROSELINE
STREET ADDRESS	12205 NE MIAMI CT
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	1VP
NAME	SANON, HENRY DR
STREET ADDRESS	550 NE 125 ST
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	2VP
NAME	CHARLES, SIDNEY
STREET ADDRESS	P.O. BOX 694910
CITY-ST-ZIP	MIAMI, FL 33269
TITLE	S
NAME	AUGUSTIN, IVANOVNA
STREET ADDRESS	62 NW 48 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	AS
NAME	JOSEPH, STACEY
STREET ADDRESS	62 NW 48 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	T
NAME	EVARISTE, LEOPOLD
STREET ADDRESS	12790 WEST DIXIE HIGHWAY
CITY-ST-ZIP	NORTH MIAMI, FL 33161

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07/22/05-80012-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #