

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005421

1. Entity Name
**THE ASSOCIATION FOR THE ADVANCEMENT OF THE
HAITIAN PEPOLE, INC.**



Principal Place of Business
**2626 E. TAMiami TRAIL, STE 7
NAPLES, FL 34112**

Mailing Address
**PO BOX 8685
NAPLES, FL 34101**



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0430128	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRUGGER, JOHN N ESQ.
600 5TH AVE. S., STE. 207
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PIERRE, PATRICK
STREET ADDRESS	501 GOODLETTE ROAD SUITE B102
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	D
NAME	BAKER, WILFRED
STREET ADDRESS	2607 THOMASON DR. 320
CITY-ST-ZIP	NAPLES, FL 34112

TITLE	S
NAME	CHARITE, ANTOINE
STREET ADDRESS	5250 23TH AVE SW
CITY-ST-ZIP	NAPLES, FL 34116

TITLE	T
NAME	CHERELUS, HENRY
STREET ADDRESS	4006 DALE AVE
CITY-ST-ZIP	NAPLES, FL 34112

TITLE	US
NAME	MEPRINA, JOSEPH
STREET ADDRESS	5250 23RD AVE SW
CITY-ST-ZIP	NAPLES, FL 34116

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80071-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #