

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90007 021 \*\*\*\*\*70.00

**DOCUMENT # N02000003686**

1. Entity Name  
**HAITIAN-AMERICAN COMMUNITY HELP CENTER, INC.**



Principal Place of Business  
**2025 N DIXIE HWY  
POMPAO BCH, FL 33060**

Mailing Address  
**PO BOX 272085  
BOCA RATON, FL 33427**

**94039570**



2. Principal Place of Business

3. Mailing Address

**14535-c Military Trl**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-NP CR2E037 (10/03)

City & State

City & State

**Delray Bch FL**  
Zip **33484** Country **USA**

Zip

Country

4. FEI Number  
**20-0012765**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISMA, EMMANUEL  
87 NW 15TH PLACE  
POMPAO BCH, FL 33060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **ISMA, EMMANUEL**  
STREET ADDRESS **87 NW 15TH PLACE**  
CITY-ST-ZIP **POMPAO BCH, FL 33060**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **BERNAVIL, PATRICK**  
STREET ADDRESS **500 SW 2ND AVE #210**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **BERNAVIL, JENNIFER**  
STREET ADDRESS **4966 LINCOLN RD**  
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CERANT, FRANIZ**  
STREET ADDRESS **830 SW 15 ST AP 1**  
CITY-ST-ZIP **POMPAO BEACH, FL 33060**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CORIOLAND, YVES**  
STREET ADDRESS **116 NE 15TH AVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **JULES, CHARLES JR**  
STREET ADDRESS **901 NW 8TH AVE #118**  
CITY-ST-ZIP **POMPAO BEACH, FL 33060**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jennifer Racine Bernavil* (6761) 305-6447