

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N04000003383

1. Corporation Name

THE HAITIAN AMERICAN CITIZEN CLUB, INC.

Principal Place of Business

POST OFFICE BOX 2898
FORT PIERCE FL 34954

Mailing Address

POST OFFICE BOX 2898
FORT PIERCE FL 34954-2898

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

03/27/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCKINNON, MICHAEL L JR. ESQ
415 AVENUE A, SUITE 208
FORT PIERCE FL 34950

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Michael L. McKinnon, Jr. Esq.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DESSIEUX, LUC	
STREET ADDRESS	735 ORANGE AVE	
CITY - ST - ZIP	FT PIERCE FL 34950	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BEAUSEJOUR, LAJEUNNE	
STREET ADDRESS	201 N. 8TH ST	
CITY - ST - ZIP	FT PIERCE FL 34950	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EDMOND, JEAN C	
STREET ADDRESS	512 N. 6TH ST	
CITY - ST - ZIP	FT PIERCE FL 34950	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PIERRE, JACQUES	
STREET ADDRESS	2817 OLEANDER AVE	
CITY - ST - ZIP	FT PIERCE FL 34950	
TITLE	PR	<input checked="" type="checkbox"/> DELETE
NAME	ALCIDOR, SUDE	
STREET ADDRESS	2835 STONEWAY LANE #A	
CITY - ST - ZIP	FT PIERCE FL 34982	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sude Alcidor	
1.3 STREET ADDRESS	1905 Georgia Ave Apt 5	
1.4 CITY - ST - ZIP	Ft. Pierce, Fla. 34950	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	hanaise Valsaint	
3.3 STREET ADDRESS	162 S.W. Dalva Ave.	
3.4 CITY - ST - ZIP	Pt. St. Lucie, Fla. 34984	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	PR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EDMOND, JEAN	
5.3 STREET ADDRESS	512 N. 6th St.	
5.4 CITY - ST - ZIP	Ft. Pierce, Fla.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sude Alcidor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

Date

595-9809

Daytime Phone #

CR2E034 (9/96)