

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90119 013 ***150.00

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1. Entity Name

THE HAITIAN AMERICAN CITIZEN CLUB, INC.



30018288

Principal Place of Business

106 NORTH 9TH STREET
FORT PIERCE FL 34950
US

Mailing Address

POST OFFICE BOX 2898
FORT PIERCE FL 34954

2. Principal Place of Business

732 Orange Ave

3. Mailing Address

732 Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort - Pierce FL

City & State

Fort - Pierce, Fla

Zip

34950

Country

Zip

34950

Country

4. FEI Number

59-3361836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCKINNON, MICHAEL L JR. ESQ
911 DELEWARE AVE
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent

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

01-31-03

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME PP LAJEUNE, BEAUSEJOUR ☐ Delete
STREET ADDRESS 201 NORTH 8TH ST
CITY-ST-ZIP FT PIERCE FL 34950

TITLE NAME VP LIMANE, GEORGES ☐ Delete
STREET ADDRESS 300 SOUTH 18TH STREET
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE NAME S GERMAIN, LOUIS ☐ Delete
STREET ADDRESS 5451 NW MANVILLE DRIVE
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE NAME T PIERRE, JACQUE ☐ Delete
STREET ADDRESS 2617 OLEANDER AVE
CITY-ST-ZIP FT PIERCE FL 34950

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE NAME Dr. JOANES MARTIN / President ☒ Change ☒ Addition
STREET ADDRESS 1798 S.E. Floresta Dr
CITY-ST-ZIP Port - St Lucie, FL 34983

TITLE NAME Rev. Jean Wilner Gabeau / Vice President ☒ Change ☒ Addition
STREET ADDRESS P. O Box 13242 / Port St Lucie
CITY-ST-ZIP or 735 Orange Ave Fort-Pierce, FL 34950

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

TITLE NAME Vesta Britfil / Treasure ☐ Change ☒ Addition
STREET ADDRESS 107 S.E. Soneta Ct
CITY-ST-ZIP Port - St Lucie, Fla 34983

TITLE NAME Merilor Merilan / Relations Public ☐ Change ☐ Addition
STREET ADDRESS 2605 S. 15th Street
CITY-ST-ZIP Fort-Pierce, FL 34982

TITLE NAME ☐ Change ☐ Addition
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 607, 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:

JOANES MARTIN / President

01-31-03 / 722)336 9094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)