

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006982

FILED  
Sep 13, 2007  
Secretary of State

**Entity Name:** BROWARD COUNTY HAITIAN-AMERICAN COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

2208 EVANS STREET  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2208 EVANS STREET  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 30-0264677      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NICOLAS, JOSEPH F  
3463 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPT      ( ) Delete  
Name: APPLYRS, ISLET  
Address: 2208 EVANS STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D      ( ) Delete  
Name: APPLYRS, NUKU  
Address: 2340 ATLANTA STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: P      ( ) Delete  
Name: NICOLAS, JOSEPH F  
Address: 3463 COCOPLUM CIRCLE  
City-St-Zip: COCONUT CREEK, FL 33063

Title: DR      ( ) Delete  
Name: CASIMIR, JOSEPH D  
Address: 7503 NW 44TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D      ( ) Delete  
Name: ANDRE, PATRICK F  
Address: 15667 SW 40TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: D      ( ) Delete  
Name: PIERRE, RODY  
Address: 3320 SW 1ST STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISLET APPLYRS

VPT

09/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date