2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# N04000006982

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:

P.O BOX 367
DANIA BEACH, FL 33004-036 7

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 08/24/2009

Electronic Signature of Signing Officer or Director — Date