

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004404

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE HAITIAN AMERICAN GRAND COMMANDERY OF FLORIDA : LES GARDIENS DU SAINT SEPULCRE #1 INC.

Current Principal Place of Business:

7134 NW 1ST AVE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

7134 NW 1ST AVE
MIAMI, FL 33150

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILIPPE, EBERLE
1475 NE 142ND STREET
N MIAMI, FL 33161 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: P () Delete
Name: ALCINDOR, ANTOINE C
Address: 12730 NW 18TH CT
City-St-Zip: MIAMI, FL 33167

Title: V () Delete
Name: MICHEL, AROLD J
Address: 737 NE 127TH STREET
City-St-Zip: N MIAMI, FL 33168

Title: V () Delete
Name: PLUVIOSE, HEROLD J
Address: 14835 NW 11TH CT
City-St-Zip: MIAMI, FL 33168

Title: S () Delete
Name: PHILIPPE, EBERLE
Address: 1475 NE 142ND STREET
City-St-Zip: N MIAMI, FL 33161

Title: T () Delete
Name: JOHN, WILLY
Address: 84 NW 50TH ST
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: JASMIN, MICHEL J JACQUES
Address: 1475 NE 142ND STREET
City-St-Zip: N.MIAMI, FL 33161

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
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City-St-Zip:

Title: () Change () Addition
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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: ANTOINE C. ALCINDOR

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date