

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N12083

1. Entity Name

**THE NATIONAL LEADERSHIP COUNCIL OF
HAITIAN-AMERICANS, INCORPORATED**



Principal Place of Business

**1651 NW 119TH STREET
MIAMI FL 33168**

Mailing Address

**P. O. BOX 470887
MIAMI FL 33147
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2671832

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AZEMAR, DANIEL
9455 NW 36TH AVENUE
MIAMI FL 33147**

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AZEMAR, DANIEL	
STREET ADDRESS	9455 NW 36TH AVENUE	
CITY-STATE-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	AZEMAR, LEONE	
STREET ADDRESS	9455 NW 36TH AVENUE	
CITY-STATE-ZIP	MIAMI FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CELESTIN, MARIE S	
STREET ADDRESS	13035 NW 8TH AVENUE	
CITY-STATE-ZIP	NORTH MIAMI FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:

Daniel Azemar PD 04/10/07 (786)301-6832