

FILED
Feb 17, 2005 8:00 am
Secretary of State

01-19-2005 90007 042 ****70.00

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N36722

1. Entity Name
HAITIAN AMERICAN FOUNDATION, INC



Principal Place of Business
**5080 BISCAYNE BLVD
MIAMI, FL 33137 US**

Mailing Address
**5080 BISCAYNE BLVD
MIAMI, FL 33137 US**

66002183



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0187599

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAYARD, RINGO
6660 BISCAYNE BLVD.
MIAMI, FL 33138**

**DO NOT WRITE
IN THIS SPACE**

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.

Ringgo Cayard, Executive Director

(NOTE: Registered Agent signature required when reinstating)

1/14/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DWYER, OVRIL
STREET ADDRESS	5580 NE 2ND CT #2
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	SENATUS, PIERRE C
STREET ADDRESS	6660 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	LABOSSIERE JULES
STREET ADDRESS	8340 NE 2ND AVE.
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	S
NAME	GEDEON, JEAN-ROBERT
STREET ADDRESS	20860 SAN SIMEON WAY
CITY-ST-ZIP	N MIAMI BEACH, FL 33179
TITLE	S
NAME	FANFAN, BERNARD
STREET ADDRESS	170 NE 96TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	KENOL, RALPH
STREET ADDRESS	9337 NW 2ND CT
CITY-ST-ZIP	MIAMI SHORES, FL 33150

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ringgo Cayard, Executive Director

Date

2/8/05

Daytime Phone #

305-758-3338