

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39852** (1)

1. Corporation Name

HAITIAN AMERICAN CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**8340 N.E. 2ND AVENUE
235
MIAMI FL 33138**

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235
MIAMI FL 33138**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

07/31/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0242732

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDDY ST FORT
13860 N E MIAMI COURT
MIAMI FL 33161**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☐ DELETE
NAME **ESTIME, JEAN ANDRE**
STREET ADDRESS **8340 N.E. 2ND AVENUE 2ND AVENUE #212**
CITY-ST-ZIP **MIAMI FL**

11 TITLE **D** ☐ Change ☒ Addition
12 NAME **RISIER CLARKE**
13 STREET ADDRESS **345 N.W. 100 TERRACE**
14 CITY-ST-ZIP **MIAMI, FLORIDA 33138**

TITLE **D** ☐ DELETE
NAME **CLEDAMOR, ISMA**
STREET ADDRESS **260 N.E. 118TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

21 TITLE **DS** ☐ Change ☒ Addition
22 NAME **PEARLIE LUBIN**
23 STREET ADDRESS **1001 N.W. 125 STREET**
24 CITY-ST-ZIP **MIAMI, FLORIDA 33168**

TITLE **D** ☒ DELETE
NAME **ETIENNE, EDNA**
STREET ADDRESS **375 NE 54TH STREET**
CITY-ST-ZIP **MIAMI FL**

31 TITLE **D** ☐ Change ☒ Addition
32 NAME **SMITH JOSEPH**
33 STREET ADDRESS **19602 N.W. 83rd COURT**
34 CITY-ST-ZIP **MIAMI LAKES, FLORIDA 33015**

TITLE **D** ☐ DELETE
NAME **PHILIPPE, ROSELINE**
STREET ADDRESS **12205 NE MIAMI COURT**
CITY-ST-ZIP **MIAMI FL**

41 TITLE **D** ☐ Change ☒ Addition
42 NAME **ELINE LOUISSAINT**
43 STREET ADDRESS **1291 S.W. 17 PLACE**
44 CITY-ST-ZIP **DAVIE, FLORIDA 33325**

TITLE **D** ☒ DELETE
NAME **CHETTY, CASSEY**
STREET ADDRESS **P.O. BOX 546429**
CITY-ST-ZIP **MIAMI FL**

51 TITLE **D** ☐ Change ☒ Addition
52 NAME **ELIANE B. LAMOTHE**
53 STREET ADDRESS **3740 N.W. 3rd STREET**
54 CITY-ST-ZIP **MIAMI, FLORIDA 33311**

TITLE **D** ☒ DELETE
NAME **CASSEY, CHETTY**
STREET ADDRESS **P.O. BOX 546429 N/A**
CITY-ST-ZIP **MIAMI FL 33154**

61 TITLE **D** ☒ Change ☐ Addition
62 NAME **JOSEPH STERLING**
63 STREET ADDRESS **25 N.E. 54th STREET**
64 CITY-ST-ZIP **MIAMI, FLORIDA 33137**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-96
Daytime Phone #

CR2E037 (12/95)