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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000368 (2)**

1. Corporation Name

**HAITIAN AMERICAN COMMUNITY COUNCIL OF THE PALM B  
EACHES, INC.**

Principal Place of Business

Mailing Address

208 S.E. SECOND ST.  
DELRAY BEACH FL 33483

208 S.E. SECOND ST.  
DELRAY BEACH FL 33483-4504



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 206 SE SECOND ST

27 206 SE SECOND ST.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
10/30/1992

3a. Date of Last Report  
05/20/1996

4. FEI Number  
65-0379999

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

HENRY, DANIELA  
208 S.E. SECOND ST.  
DELRAY BEACH FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
206 SE SECOND ST.

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TP ☐ DELETE  
NAME ZIMMERMAN, CAROLYN  
STREET ADDRESS 212 S.W. 2ND AVENUE  
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE AT ☐ Change ☒ Addition  
1.2 NAME BUISSON, CALEB  
1.3 STREET ADDRESS 2990 NW 11TH STREET  
1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE T ☒ DELETE  
NAME ALEXANDRE, REV. JEAN A  
STREET ADDRESS 1227 MONROE BLVD.  
CITY-ST-ZIP LANTANA FL

2.1 TITLE AS ☐ Change ☒ Addition  
2.2 NAME DELVA, NELLIE  
2.3 STREET ADDRESS 2520 NW 42ND AVE  
2.4 CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE OS ☐ DELETE  
NAME HARRIS, MICHAEL P  
STREET ADDRESS 631 LINDEL BLVD.  
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE BOBBY WEUS ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS 1111 NW 11TH AVE  
3.4 CITY-ST-ZIP DELRAY BCH, FL 33444

TITLE DAS -> VP ☐ DELETE  
NAME MURRAY, ROSALIND  
STREET ADDRESS 491 VILLAGE BLVD.  
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE  
NAME GANNON, ANNE  
STREET ADDRESS 236 N DIXIE BLVD  
CITY-ST-ZIP DELRAY BCH. FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

*Carolyn Zimmerman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044677

CR2E037 (9/96)