


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90086 011 ****61.25

0047366

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000368					
1. Corporation Name HAITIAN AMERICAN COMMUNITY COUNCIL, INC.					
Principal Place of Business 206 SE SECOND ST 206 SE SECOND ST DELRAY BEACH FL 33483 US			Mailing Address 206 SE SECOND ST 206 SE SECOND ST DELRAY BEACH FL 33483 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/30/1992 4. FEI Number 65-0379999	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HENRY, DANIELLA 206 SE SECOND ST DELRAY BEACH FL 33483			10. Name and Address of New Registered Agent 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 <i>Daniella Henry</i> DANIELLA HENRY EXECUTIVE DIRECTOR 2/2/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TP NAME ZIMMERMAN, CAROLYN STREET ADDRESS 212 S.W. 2ND AVENUE CITY-ST-ZIP DELRAY BEACH FL 33444			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE AT NAME PIERRE, JACKSON STREET ADDRESS 153 HENTORNE DR CITY-ST-ZIP PALM SPRINGS FL 33461			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE DS NAME HARRIS, MICHAEL P STREET ADDRESS 631 LINDEL BLVD. CITY-ST-ZIP DELRAY BEACH FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE DAS NAME MURRAY, ROSALIND STREET ADDRESS 491 VILLAGE BLVD. CITY-ST-ZIP DELRAY BEACH FL			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE DS NAME LOUISANT, EDDY M.D. STREET ADDRESS 990 S. CONGRESS AVENUE #3 CITY-ST-ZIP DELRAY BEACH FL 33445			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE DAS NAME MURRAY, ROSELIND STREET ADDRESS 491 VILLAGE BLVD. CITY-ST-ZIP DELRAY BEACH FL 33445			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: *Daniella Henry* **DANIELLA HENRY EXECUTIVE DIRECTOR 2/2/99** (561) 272-2520
Signature and typed or printed name of signing officer or director Date Daytime Phone #