

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90285 005 ****61.25

DOCUMENT # N92000000368

1. Entity Name
HAITIAN AMERICAN COMMUNITY COUNCIL, INC.



Principal Place of Business
**600 N CONGRESS AVENUE
#550
DELRAY BEACH, FL 33445 US**

Mailing Address
**600 N CONGRESS AVENUE
#550
DELRAY BEACH, FL 33445 US**

20042047



2. Principal Place of Business
600 N. CONGRESS AVENUE
Suite, Apt. #, etc.
SUITE 350
City & State
DELRAY BEACH FL
Zip
33445 Country
PALM BEACH

3. Mailing Address
600 N. CONGRESS AVENUE
Suite, Apt. #, etc.
SUITE 350
City & State
DELRAY BEACH, FL
Zip
33445 Country
PALM BEACH

04192005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0379999

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HENRY, DANIELLA
600 N CONGRESS AVENUE
#550
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent
Name
JUNG, EDELINE
Street Address (P.O. Box Number is Not Acceptable)
600 N. CONGRESS AVE., SUITE 350
City
DELRAY BEACH FL Zip Code
33445

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]* **Executive Director** **4-18-2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, CAROLYN	
STREET ADDRESS	212 S.W. 2ND AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PIERRE, NORMIL	
STREET ADDRESS	2520 ANGLER DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENNETT, JOHN	
STREET ADDRESS	137 SEABREEZE AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483d	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANTZ, NERETTE	
STREET ADDRESS	5087 ELMHURST ROAD, #5	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	LIVERMENTO, REGINIA	
STREET ADDRESS	12286 SOUTH SIMON DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIDLEY, CHUCK	
STREET ADDRESS	137 S.W. 14TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, ANNA	
STREET ADDRESS	216 SW 2nd Avenue	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTIN, MARCEL	
STREET ADDRESS	2165 CATHERINE DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANVIER, ARCHILLE	
STREET ADDRESS	918 DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, JAYNE	
STREET ADDRESS	3400 PLACE VALENCAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORSAINVIL, PIERRE	
STREET ADDRESS	600 N. CONGRESS AVE., SUITE 420	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENIZARD, HERTA	
STREET ADDRESS	10597 LAKE JASMINE DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33498	

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]* **4/19/05** **(561) 276-1715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #