

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90103 040 \*\*\*\*61.25

**DOCUMENT # N92000000368**

1. Entity Name  
**HAITIAN AMERICAN COMMUNITY COUNCIL, INC.**



Principal Place of Business  
**600 N CONGRESS AVENUE  
#350  
DELRAY BEACH, FL 33445 US**

Mailing Address  
**600 N CONGRESS AVENUE  
#350  
DELRAY BEACH, FL 33445 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006 Chg-NP CR2E037 (11/05)

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

**JUNG, EDELINE  
600 N CONGRESS AVENUE  
#350  
DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent

Name **FRANIZ Petit Frere**

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

**3613 S.W. 14 ST APT. 2**

City **FT. LAUDERDALE**

**FL**

Zip Code **33312**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03-23-06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 ☐ Delete  
NAME ZIMMERMAN, CAROLYN  
STREET ADDRESS 212 S.W. 2ND AVENUE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE VPD ☐ Delete  
NAME PIERRE, NORMIL  
STREET ADDRESS 2520 ANGLER DRIVE  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE TD ☐ Delete  
NAME BENNETT, JOHN  
STREET ADDRESS 137 SEABREEZE AVENUE  
CITY-ST-ZIP DELRAY BEACH, FL 33483d

TITLE D ☐ Delete  
NAME YOUNG, ANNA  
STREET ADDRESS 216 SW 2ND AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D ☒ Delete  
NAME CASTIN, MARCEL  
STREET ADDRESS 2165 CATHERINE DR  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D ☒ Delete  
NAME JANVIER, ARCHILLE  
STREET ADDRESS 918 DIXIE HWY  
CITY-ST-ZIP LAKE WORTH, FL 33460

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Pierre Dorsainvil  
STREET ADDRESS 600 N. CONGRESS AVE. Ste. 420  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D ☐ Change ☒ Addition  
NAME JAYNE KING  
STREET ADDRESS 3400 PLACE VALENCAY  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D ☐ Change ☒ Addition  
NAME SHARON HOLLIS  
STREET ADDRESS 1100 AUBURN Circle SOUTH Apt. A  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

**03-23-06**