2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State
05-03-2007 90029 039 ****61.25

DOCUMENT # N92000000368

1. Entity Name
HAITIAN AMERICAN COMMUNITY COUNCIL, INC.

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

05012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
RETITFRERE, FRANTZ 3613 SW 14 ST APT 2 FORT LAUDERDALE, FL 33312	Name: Lola Pierre-Louis Street Address (P.O. Box Number is Not Acceptable): 1176 Baba Tta PL City: Lantana FL Zip Code: 33462

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: M. Lola Pierre-Louis (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 5/30/07

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZIMMERMAN, CAROLYN 212 S.W. 2ND AVENUE DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sharon Hollis 1100 Auburn Circle S. Apt A Delray Beach, FL 33444 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PIERRE, NORMIL 2520 ANGLER DRIVE DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENNETT, JOHN 137 SEABREEZE AVENUE DELRAY BEACH, FL 33483d	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, ANNA 216 SW 2ND AVE DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORSAINVIL, PIERRE 600 N CONGRESS AVE STE 420 DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, JAYNE 3400 PL VALENCAY DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/27/07 (561) 272-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #