

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

001127

**DOCUMENT # N92000000368**

1. Entity Name

**HAITIAN AMERICAN COMMUNITY COUNCIL, INC.**



07-28-2003 90136 014 \*\*\*\*61.25

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**

2. Principal Place of Business

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRY, DANIELLA  
600 N CONGRESS AVENUE  
#550  
DELRAY BEACH FL 33445**

Name

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

City

**FL**

Zip Code

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

*Daniella Henry*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7/21/03*  
DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, CAROLYN	
STREET ADDRESS	212 S.W. 2ND AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VPDA	<input checked="" type="checkbox"/> Delete
NAME	JONES, WILLIE	
STREET ADDRESS	600 N CONGRESS AVENUE #520	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TVSA	<input checked="" type="checkbox"/> Delete
NAME	SILVER, BARRY	
STREET ADDRESS	7777 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	ANJOUTE, MARIE	
STREET ADDRESS	124 REIGLE AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HONORE, MATHIAS	
STREET ADDRESS	137 E WOOLBRIGHT ROAD,	
CITY-ST-ZIP	BOYNTON B FL	
TITLE	TAS	<input checked="" type="checkbox"/> Delete
NAME	CLERISTON, MADELINE	
STREET ADDRESS	709 SW 2ND TERR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

TITLE	D	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		CAROLYN ZIMMERMAN	
STREET ADDRESS		212 SW 2ND AVENUE	
CITY-ST-ZIP		DELRAY BEACH FLORIDA 33444	
TITLE	D	V-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		PIERRE NORMIL	
STREET ADDRESS		2520 ANGLER DRIVE	
CITY-ST-ZIP		DELRAY BEACH FLORIDA 33445	
TITLE	D	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		JOHN BENNET	
STREET ADDRESS		137 SEABREEZE AVENUE	
CITY-ST-ZIP		DELRAY BEACH FLORIDA 33483	
TITLE	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		FRANTZ NERETTE	
STREET ADDRESS		5087 ELMHURST ROAD #5	
CITY-ST-ZIP		WEST PALM BEACH FLORIDA 33417	
TITLE	D	Vice Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		REGINIA LIVERMENDO	
STREET ADDRESS		12286 SOUTH SIMON DRIVE	
CITY-ST-ZIP		BOCA RATON FLORIDA 33428	
TITLE	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		CHUCK RIDLEY	
STREET ADDRESS		137 SW 14TH AVENUE	
CITY-ST-ZIP		DELRAY BEACH FLORIDA 33444	

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:

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

Date

Daytime Phone #

CR2E037 (4/03)

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment #

90147329

0011277

DOCUMENT # **N92000000368**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDA JONES, WILLIE 600 N CONGRESS AVENUE #520 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVSA SILVER, BARRY 7777 GLADES ROAD BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ANJOUTE, MARIE 124 REIGLE AVENUE DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HONORE, MATHIAS 137 E WOOLBRIGHT ROAD, BOYNTON B FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS CLERISTON, MADELINE 709 SW 2ND TERR DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> MARCEL CASTIN 2165 CATHERINE DRIVE DELRAY BEACH FLORIDA 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANA YOUNGER 216 SW 2ND AVENUE DELRAY BEACH FLORIDA 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: CAROLYN ZIMMERMAN

7/21/03

(561) 272-2552

Attachment #

90147329

~~N920000003368~~

**HAITIAN AMERICAN COMMUNITY COUNCIL  
BOARD OF DIRECTORS**

AS OF JULY 2003

**PRESIDENT:** CAROLYN ZIMMERMAN  
212 S.W. 2<sup>ND</sup> AVENUE  
DELRAY BEACH, FLORIDA 33444  
PHONE: (561) 276-1715

**VICE PRESIDENT:** PIERRE NORMIL  
2520 ANGLER DRIVE  
DELRAY BEACH, FLORIDA 33445  
PHONE: (561) 305-1367

**TREASURER** JOHN BENNET  
137 SEABREEZE AVENUE  
DELRAY BEACH, FL 33483  
PHONE: (561) 274-8860

FRANTZ NERETTE  
5087 ELMHURST ROAD # 5  
WEST PALM BEACH, FL 33417  
PHONE: (561) 827-3039

ANA YOUNGER  
216 S.W. 2<sup>ND</sup> AVENUE  
DELRAY BEACH, FLORIDA 33444  
PHONE: 243-3755

**SECRETARY** MARCEL CASTIN  
2165 CATHERINE DRIVE  
DELRAY BEACH, FL 33445  
PHONE: 265 2515

CHUCK RIDLEY  
137 S.W. 14<sup>TH</sup> AVENUE  
DELRAY BEACH, FLORIDA  
PHONE: (561) 271-5683

REGINA LIVERMENTO  
12286 S. SIMON DRIVE  
BOCA RATON, FL 33428  
PHONE: 883-3271