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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N93000001404 (3) DOCUMENT # 1. Corporation Name

HAITIAN COMMUNITY CENTER (KOMITE TET ANSAN-M), I

NC.



	of Business	Mailing Address					
224 SW AVE E BELLE GLADE		P. O. BOX 2201 Belle Glade Fl 3343	0				
		U\$			3. Date Incorporated or Qualified 03/25/1993	3a. Date of La 08/10	st Report /1995
Principal Place	ce of Business	2a. Mailing Address			4. FEI Number	·	Applied For
		26			65-0473256		Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Ζιρ	Country 25	Zip	30	ntry	8. This corporation has liability for in Florida Statutes	itangible tax under Yes 🔲 No	s. 199.032,
	9. Name and Address of Curre		11		10. Name and Address of New Re	gistered Agent	
				81 Name			
CLAYTON	n, Barry L			82 Street Add	Iress (P.O. Box Number is Not Acceptable	9)	
	RPORATE BLVD NW						
SUITE 40				83			
BOCA RA	ATON FL 33430		!	84 City		FL 85	Zip Code
		00 and 617 1509 Florida Statut	toe the abo	we named corpo	oration submits this statement for the purp	nose of changing it	ts registered of
or registers	od agent, or both, in the State of Eld	orida. Such change was authoriz	zea by the c	corporation's boa	ard of directors. Thereby accept the appo	intment as registe	red agent. I am
familiar wit	h, and accept the obligations of. Se	ection 617.0503, Florida Statute:	S.				
GNATURE _	Signature, typed or printed name of registered age	ent and title flapplicable (Ni	OTF Registered	d Agent signature require	od wher reinstaling)	DATE	
		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIBLO	TORS IN 12
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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

SIGNATURE: (

ESTINFIL 1-31-96