

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001404 (3)**

1. Corporation Name

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



Principal Place of Business

**224 SW AVE B
BELLE GLADE FL 33430**

Mailing Address

**P. O. BOX 2201
BELLE GLADE FL 33430
US**

3. Date Incorporated or Qualified
03/25/1993

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

4. FEI Number
65-0473256

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAYTON, BARRY L
2101 CORPORATE BLVD NW
SUITE 400
BOCA RATON FL 33430**

81 Name

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

83

84 City

FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ESTINFIL, ABEL**
STREET ADDRESS **84 BETHUNE CT.**
CITY - ST - ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE
NAME **PHALANTRE, LOUIS**
STREET ADDRESS **428 SW AVE C**
CITY - ST - ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE
NAME **JOSEPH, RONALD**
STREET ADDRESS **256 SW AVE B #6**
CITY - ST - ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE
NAME **JOSEPH, HERVE**
STREET ADDRESS **217 SW 3RD STREET**
CITY - ST - ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE
NAME **JEANTY, HUMLER**
STREET ADDRESS **2413 PALM GLADES DRIVE**
CITY - ST - ZIP **BELLE GLADE FL**

TITLE **D** ☐ DELETE
NAME **NEVLAND, GENEUS**
STREET ADDRESS **660 SW 4TH ST #1**
CITY - ST - ZIP **BELLE GLADE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)