

# 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 # N95000003534 (3)

1. Corporation Name

HAITIAN RESOURCE CENTER, INC.



Principal Place of Business

PORT EXECUTIVE PLAZA  
301 BROADWAY, SUITE 222  
RIVIERA BEACH FL 33404

Mailing Address

PORT EXECUTIVE PLAZA  
301 BROADWAY, SUITE 222  
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified  
07/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 301 Broadway

2a. Mailing Address

26 Same

4. FEI Number

65-0606158

Applied For

Not Applicable

Suite, Apt. #, etc.

#217 and 222

Suite, Apt. #, etc.

Same

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

Riviera beach, FL

City & State

Same

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

33404

Country

Palm Beach

Zip

Same

Country

Same

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

CENTER FOR MINORITY HUMAN SVCS. PROVIDERS  
301 BROADWAY, STE. 300  
RIVIERA BEACH FL 33404

81 Name

N/A

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

400001862234  
-06/14/96--01043--011

83

84 City

\*\*\*\$61.25

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

CMHS, Elsa Gibbons, Director

(NOTE: Registered Agent Signature required when reappointing)

DATE 05/01/97

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME ST. VIL, GUY  
STREET ADDRESS 2032 N. DIXIE HWY  
CITY-ST-ZIP W. PALM BCH. FL 33407 ☒ DELETE

TITLE DS  
NAME DUFORT, GERALDROU  
STREET ADDRESS 7956 GRISWOLD ST.  
CITY-ST-ZIP LANTANA FL 33407 ☒ DELETE

TITLE DT  
NAME JOSEPH, MARIE L  
STREET ADDRESS 621 58TH ST.  
CITY-ST-ZIP W. PALM BCH FL 33407 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE CHAIRWOMAN  
NAME Rose Hunt-Farrell (Addition)  
STREET ADDRESS 500 N. Congress Ave. #91  
CITY-ST-ZIP West Palm Beach, FL 33417 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE CHAIRMAN ☐ Change ☒ Addition  
1.2 NAME Jean Prosper St. Vil  
1.3 STREET ADDRESS 2032 North Dixie Hwy.  
1.4 CITY-ST-ZIP West Palm Beach, 33407 ☐ Change ☒ Addition

2.1 TITLE VICE CHAIRMAN  
2.2 NAME Herbert S. Rice, Jr.  
2.3 STREET ADDRESS 8570 Thousand Pines Cir.  
2.4 CITY-ST-ZIP West Palm Beach, FL 33411 ☐ Change ☒ Addition

3.1 TITLE SECRETARY ☐ Change ☒ Addition  
3.2 NAME Frank Gachelin  
3.3 STREET ADDRESS 2034 North Dixie Hwy.  
3.4 CITY-ST-ZIP West Palm Beach, FL 33407 ☐ Change ☒ Addition

4.1 TITLE TREASURER ☐ Change ☒ Addition  
4.2 NAME Leonne St. Louis  
4.3 STREET ADDRESS 641 58th Street  
4.4 CITY-ST-ZIP West Palm Beach, FL 33407 ☐ Change ☒ Addition

5.1 TITLE DIRECTOR ☐ Change ☒ Addition  
5.2 NAME Jenny Hernandez  
5.3 STREET ADDRESS 917 Market Street  
5.4 CITY-ST-ZIP West Palm Beach, FL 33401 ☐ Change ☒ Addition

6.1 TITLE DIRECTOR ☐ Change ☒ Addition  
6.2 NAME Alfred Celcis  
6.3 STREET ADDRESS 25 So. Swinton Avenue  
6.4 CITY-ST-ZIP Delray Beach, FL 33444 ☐ Change ☒ Addition

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

5/01/96 (407) 844-3378  
Date Daytime Phone #

CR2E037 (12/95)