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Jun 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000278 (9)

1. Corporation Name

HAITIAN OUTREACH PARTNERSHIP FOR EMPOWERMENT INC



Principal Place of Business

Mailing Address

2080 N.W. 86 AVE.
FT. LAUDERDALE FL

2080 N.W. 86 AVE.
FT. LAUDERDALE FL 33322-3818

3. Date Incorporated or Qualified
01/17/1996

3a. Date of Last Report
1/17/96

2. Principal Place of Business

2a. Mailing Address

21 Broward County FRTD

26 Broward County FRTD

22 633 SE 3rd AVE, Rm 301
City & State

27 2995 N. Dixie Highway
City & State

23 FT Lauderdale, FL
Zip

28 FT Lauderdale, FL
Zip

24 33311
Country

25 Broward
Country

29 33311
Country

30 Broward
Country

4. FEI Number

65-0666148

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

NADOLNY, SUSAN
2080 N.W. 86 AVE.
FT. LAUDERDALE FL

81 Name
Claude Louissaint

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

Broward County FRTD

83 2995 N. Dixie Highway

84 City
FT. Lauderdale

FL

85 Zip Code
33311

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 Susan Nadolny

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-19-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME NADOLNY, SUSAN
STREET ADDRESS 2080 N.W. 86 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

1.1 TITLE DP
1.2 NAME EMMAUELLE LOCHARD
1.3 STREET ADDRESS 1971 NW 38th Terr.
1.4 CITY-ST-ZIP Pompano Beach, FL 33066 ☒ Change ☐ Addition

TITLE DV
NAME MCMILLIAN, MARIE
STREET ADDRESS 14940 FEATHERSTONE WAY
CITY-ST-ZIP DAVIE FL 33311 ☒ DELETE

2.1 TITLE DV
2.2 NAME MARIE DUMAINE
2.3 STREET ADDRESS 539 W Melrose Circle
2.4 CITY-ST-ZIP FT Lauderdale, FL 33312 ☒ Change ☐ Addition

TITLE DS
NAME GROVES, ELIZABETH
STREET ADDRESS 1329 CORAL SPRINGS DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

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

TITLE DT
NAME ACCIME, KESSNER
STREET ADDRESS 5440 NW 40 TERR.
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ DELETE

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

TITLE D
NAME DUBOIS, JOCELYN
STREET ADDRESS 6630 SW 15 ST.
CITY-ST-ZIP PLANTATION FL 33317 ☐ DELETE

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

TITLE D
NAME PHANORD, MARICELE
STREET ADDRESS 1125 NW 6 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ DELETE

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

14. I do 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 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.

CR2E037 (9/96)