

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N96000004308 (0)**

1. Corporation Name

HAITIAN AMERICAN SOCIAL SERVICES, INC.

Principal Place of Business

**1020 W. ORANGE AVENUE
FORT PIERCE FL 34950**

Mailing Address

**1020 W. ORANGE AVENUE
FORT PIERCE FL 34950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0726949

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALEXIS, JEAN MARIE
1020 W. ORANGE AVENUE
FORT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name

ALEXIS JEAN MARIE

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

1020 ORANGE AVE

83

84 City

Fort Pierce FL

FL

85 Zip Code

34950

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

Jean M. Alexis

Jean M. Alexis

8-12-97

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

PD

NAME

LARSEN, GUY DR.

STREET ADDRESS

3530 OKEECHOBEE RD.

CITY-ST-ZIP

FT. PIERCE FL 34947

TITLE

VPD

NAME

ARNOLD, KEITH DR.

STREET ADDRESS

702 S. 6TH STREET

CITY-ST-ZIP

FT. PIERCE FL 34950

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

JEAN M. Alexis

1.3 STREET ADDRESS

1020 ORANGE AVE

1.4 CITY-ST-ZIP

Fort Pierce FL 34950

2.1 TITLE

VPD

2.2 NAME

ARSENE PAUL TRE

2.3 STREET ADDRESS

1026 ORANGE AVE

2.4 CITY-ST-ZIP

Fort. Pierce FL 34950

3.1 TITLE

TD

3.2 NAME

Raymond T. HEGRAIN

3.3 STREET ADDRESS

1205 ORANGE AVE

3.4 CITY-ST-ZIP

Fort. Pierce FL 34950

4.1 TITLE

SD

4.2 NAME

Secretary

4.3 STREET ADDRESS

VASTIE JESSOURCES

4.4 CITY-ST-ZIP

1207 Texas St

5.1 TITLE

FL

5.2 NAME

FL

5.3 STREET ADDRESS

FL

5.4 CITY-ST-ZIP

FL

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED Jean M. Alexis 8-12-97