

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000004880 (8)

1. Corporation Name

HAITIAN AMERICAN COMMUNITY FOUNDATION, INC.

FILED

97 NOV -3 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

8235 WINDSOR DR.  
MIRAMAR FL 32025

8235 WINDSOR DR.  
MIRAMAR FL 33025-2838

REINSTATEMENT

3. Date Incorporated or Qualified  
09/20/1996

3a. Date of Last Report  
09/20/96

2. Principal Place of Business

2a. Mailing Address

21 3740 N. ANDREWS AVE.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 FORT LAUDERDALE, FL

28

Zip

Country

Zip

Country

24 33309

25 USA

29

30

4. FEI Number

65-0702746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SANON, EDY  
3917 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33309

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 EDY SANON, PRESIDENT

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

(NOTE - Registered Agent signature required when reinstating)

04/15/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME SANON, EDY  
STREET ADDRESS 8235 WINDSOR DR.  
CITY-ST-ZIP MIRAMAR FL 32025

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME NELSON, CARLOS  
STREET ADDRESS 1240 NW 15TH ST. A-205  
CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE

NAME HILATRE, JEAN  
STREET ADDRESS 5712 NW 19TH ST.  
CITY-ST-ZIP LAUDERHILL FL 33313

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

NAME NUNES, DAVID  
STREET ADDRESS 3917 N. ANDREWS AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MANGONES LIAUTAUD, JACQUELINE  
STREET ADDRESS 300 W. ROYAL PALM RD.  
CITY-ST-ZIP BOCA RATON FL 33432

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME PHARES, WALID  
STREET ADDRESS FAU DEPT. OF POLITICAL SCIENCE  
CITY-ST-ZIP BOCA RATON FL 33431

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

04/15/97

CR2E037 (9/96)