## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600004880

HAITIAN AMERICAN COMMUNITY FOUNDATION, INC.

Principal Place of Business							
3740 N. ANDREWS AVE:							
FORT LAUDERDALE FL 33309-262							
110							

Mailing Address

3740 N. ANDREWS AVE. FORT LAUDERDALE FL 33309-262

## **FILED** May 01, 1999 8:00 am § Secretary of State

05-01-1999 90034 004 \*\*\*\*61.25



Principal Place of Business     2a. Mailing Address				Date Incorporated or Qualifed				
21		26			09/20/1996			
Suite, Apt. #, etc. Suite, Apt. #, etc.					Applied For			
27			•	65-0702746	Not Applicable			
City & State City & State					5. Certificate of Status Desired Security Securi			
28					Fee :	Required		
Žip	Country	Zip	Country		1 7 1	🕽 May Be		
24	25	29 33309-526	<u> </u>		Trust Fund Contribution Adde	d to Fees		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
					81 Name			
SANON, EDY				82 Street Address (P.O. Box Number is Not Acceptable)				
3917 N. ANDREWS AVE.				· · · · · · · · · · · · · · · · · · ·				
FT. LAUDERDALE FL 33309					•	` .		
			84	City	85 Zi	Code		
		٨		_	. FL   1			
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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.								
office or re	egistered agent for both, in the State o m familiar with and accept the obligati	ons of Section 617,0503, Florida	onzeo by a Statutes	ine corpu	oration's board of directors. Thereby accept the appointment of	, og.o.o.o.o		
1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	t signature re	equired when reinstating) OATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC			
ΠΊLE	DP. KI DELETE 1.17		1.1 TITLE		D/C/P Chang	e 🔼 Addition		
NAME	SANON, EDY		1.2 NAME		OLVA, POLO			
STREET ADDRESS	RESS 8235 WINDSOR DR. 1.35			ADDRESS	ss 1108 NW 9 AVE.			
CITY-ST-ZIP	MIRAMAR FL 32025		1.4 CITY-S	T-ZIP	FORT LAUDERDALE, FL 33311			
TITLE	DP-	K DELETE	2.1 TITLE		D/T Chang			
NAME	PIERRE, GUY E		2.2 NAME		DORSAINT-SIMON, MARIE CAROL	E		
STREET ADORESS	2057 COOLRIDGE STREET	,	2.3 STREET	ADDRESS	9881 W. BAY HARBOR DR. # 1			
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-5	T-ZIP	BAY HARBOR ISLAND, FL 33154			
TITLE	D ·	☑ DELETE	3.1 TITLE	~	′ Chang	e 🔲 Addition		
NAME	ARMAND, MARGARET		3.2 NAME	į		·		
STREET ADDRESS	2071 SW 52 WAY		3.3 STREE	ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		3.4. CITY-5	T-ZIP				
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Chang	e 🔲 Addition		
NAME	NUNES, DAVID		4. 2 NAME					
STREET ADDRESS	3917 N. ANDREWS AVE.		4.3 STREE	ADDRESS		j		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		4.4 CITY-S	T-20P				
TILE	-D	<b>⊠</b> DELETE	5.1 TITLE		D/M K Chang	e		
NAME	ALCINDOR, DANIELLE		5.2 NAME		SANON, EDY	ļ		
STREET ADDRESS	7905 KISMET STREET		5.3 STREE	FADDRE\$\$	8235 WINDSOR DR.	}		
CITY-ST-ZIP	MIRAMAR FL 33023		5.4 CITY-S	T-ZIP	MIRAMAR, FL 33025			
TITLE	D	DELETE	6.1 TITLE		D Chang	e 🎛 Addition {		
NAME	PHARES, WALID		6.2 NAMÉ		NEWTON, KATHY			
STREET ADDRESS		NCE	6.3 STREE	FADDRESS	1420 N. PARK DRIVE			
					DODE TATE DE 2226			

ETTY-ST-ZIP BOCA RATON FL 33431

14. I 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, with all other like empowered.