

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Myrland</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005153 (9)**

1. Corporation Name

**HAITIAN AMERICAN COMMUNITY OF CENTRAL FLORIDA IN C.**

Principal Place of Business

Mailing Address

**606 S TAMPA AVE.  
SUITE 6  
ORLANDO FL 32805**

**606 S TAMPA AVE.  
SUITE 6  
ORLANDO FL 32805-3699**

3. Date Incorporated or Qualified  
**10/07/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number

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

**NAU, LIONEL  
606 S TAMPA AVE  
SUITE 6  
ORLANDO FL 32805**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SEJOUR, JOSEPH R**  
STREET ADDRESS **800 MIMOSA DRIVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VTD** ☐ DELETE  
NAME **NAU, E L**  
STREET ADDRESS **606 S TAMPA AVE SUITE 6**  
CITY-ST-ZIP **ORLANDO FL 32805**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **ETIENNE, CLAUDETTE L**  
STREET ADDRESS **587 URENSBRIDGE DR**  
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **TD** ☐ DELETE  
NAME **PIERRE, JOSEPH A ASST.**  
STREET ADDRESS **461 BRIGHTVIEW DRIVE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **TD** ☐ DELETE  
NAME **ANTOINE V. FILS-AIME**  
STREET ADDRESS **2201 KINGSLAND AVE.**  
CITY-ST-ZIP **ORLANDO, FL 32808**

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

TITLE **VTD** ☐ DELETE  
NAME **FRANTZ HANNAH**  
STREET ADDRESS **1017 N. ORK RIDGE RD.**  
CITY-ST-ZIP **ORLANDO, FL 32810**

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.

SIGNATURE **CLAUDETTE ETIENNE** 8-13-97

CR2E037 (9/96)