

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90034 021 ****61.25

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1. Corporation Name

FLORIDA HAITIAN HEALTHCARE ASSOCIATION CORPORATION

Principal Place of Business

6050 BACCOCK STREET SE
PALM BAY FL 32909

Mailing Address

P.O. BOX 61468
PALM BAY FL 32906



2. Principal Place of Business

21 354 Emerson Dr

Suite, Apt. #, etc.

22 NW

City & State

23 Palm Bay

Zip

24 FI

County

25 32907

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

59-3473948

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

9. Name and Address of Current Registered Agent

CHEVRY, JEAN M

6050 BACCOCK STREET SE
PALM BAY FL 32909

10. Name and Address of New Registered Agent

81 Name

CHEVRY JEAN M.

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

83 354 Emerson Dr NW

84 Palm Bay

City

Palm Bay

FL

85 Zip Code

32907

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

TITLE DPTS ☐ DELETE

NAME CHEVRY, JEAN

STREET ADDRESS 354 EMERSON DRIVE N W

CITY-ST-ZIP PALM BAY FL 32907

TITLE DVP ☒ DELETE

NAME STEINHAEUER, JONATHAN

STREET ADDRESS 510 FERN AVENUE

CITY-ST-ZIP PALM BAY FL 32907

TITLE DVP ☐ DELETE

NAME ROGER, MARC

STREET ADDRESS 10848 N W 8TH COURT

CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/15/99

Daytime Phone #

CR2E037 (11/98)

0019305