

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90042 011 ****61.25

DOCUMENT # N98000002684

1. Entity Name

**THE HAITIAN AMERICAN CULTURAL GROUP,
INCORPORATED**



Principal Place of Business

**12057 SW 15TH STREET
PEMBROKE PINES FL 33025**

Mailing Address

**P.O. BOX 260254
PEMBROKE PINES FL 33026**



2. Principal Place of Business

Same Above

3. Mailing Address

Same Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0844150

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**BELLABE, MARIE T BEATRIX
12057 SW 15TH ST
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marie T. Beatrice Bellabe

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

(NOTE: Registered Agent signature required when re-registering)

4/30/06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **BELLABE, MARIE T B**
STREET ADDRESS **10405 NW 7TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Delete
NAME **IRLANDE, COLE**
STREET ADDRESS **731 NE 161 ST**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE ☐ Delete
NAME **MONTILLUS, GERALD**
STREET ADDRESS **15855 N.W. 10TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☒ Delete
NAME **COLE, IRLANDA**
STREET ADDRESS **731 N.E. 161ST STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

Rebeca Lopez ☐ Change ☐ Addition
University Parkway #35122
Pensacola FL 32514
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marie T. Beatrice Bellabe

4/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #