

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006664

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: HAITIAN AMERICAN GRASSROOTS COALITION, INC.

**Current Principal Place of Business:**

4584 N.E. 2 AVENUE  
MIAMI, FL 33137 US

**New Principal Place of Business:**

13235 N.W 2 AVENUE  
MIAMI, FL 33168 US

**Current Mailing Address:**

P.O. BOX 381416  
MIAMI, FL 33238

**New Mailing Address:**

FEI Number: 65-0937003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAFORTUNE, JEAN-ROBERT R  
13235 N.W 2 AVENUE  
MIAMI, FL 33168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: WILLIAM, GEORGES  
Address: 4584 NE 2 AVENUE  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: CANTAVE, WINNIE  
Address: 1701 NW 167 ST  
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete  
Name: GAUDIN, LAVARICE  
Address: 28 N.E. 54 ST  
City-St-Zip: MIAMI, FL 33127

Title: SD ( ) Delete  
Name: TONDREAU, LUCIE  
Address: 9822 NE 2 AVE  
City-St-Zip: MIAMI, FL 33138

Title: VD ( ) Delete  
Name: BASTIEN, MARLEINE  
Address: 8325 NE 2 AVE  
City-St-Zip: MIAMI, FL 33138

Title: PD ( ) Delete  
Name: LAFORTUNE, JEAN R  
Address: 13235 N.W 2 AVENUE  
City-St-Zip: MIAMI, FL 33168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: MORISSEAU, YVANS  
Address: 365 NE 125 STREET # 201  
City-St-Zip: MIAMI, FL 33161

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN-ROBERT LAFORTUNE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

04/25/2009

\_\_\_\_\_  
Date