

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 06, 2011
Secretary of State

Entity Name: HAITIAN-AMERICAN SUPPORT GROUP OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

927 S. GOLDWYN AVENUE
SUITE 210
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

860 GALWAY BOULEVARD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3553522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWIGE, ROMULUS
860 GALWAY BOULEVARD
APOPKA, FL 32703 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: DP
Name: ROMULUS, EDWIGE
Address: 860 GALWAY BOULEVARD
City-St-Zip: APOPKA, FL 32703

Title: DS
Name: BOWMAN, SABINE
Address: 860 GALWAY BOULEVARD
City-St-Zip: APOPKA, FL 32703

Title: DS
Name: ALEXANDRE, GUYBENSON
Address: 2209 WOODWIND DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: DT
Name: ALEXANDRE, ANTOINE
Address: 2209 WOODWIND DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: DT
Name: ALEXANDRE, MARIE I
Address: 2108 ONETA COURT
City-St-Zip: ORLANDO, FL 32818

Title: D
Name: ROMULUS-LAVENTURE, LOURDIE
Address: 860 GALWAY BOULEVARD
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: EDWIGE ROMULUS

DP

06/06/2011

Electronic Signature of Signing Officer or Director

Date