

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008498

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**7784618516CC**

**Entity Name:** LITTLE HAITI EMPOWERMENT CENTER, INC.

**Current Principal Place of Business:**

16752 NE 4 COURT  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

16752 NE 4 COURT  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number: 30-0173794**

**Certificate of Status Desired: No**

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

JEAN-BAPTISTE, CHRISTINE E  
920 N.W. 179TH STREET  
MIAMI, FL 33169 US

*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: CHRISTINE JEAN-BAPTISTE**

**06/29/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JEAN-BAPTISTE, CHRISTINE  
Address 920 NW 179 ST  
City-State-Zip: MIAMI FL 33169  
  
Title T  
Name THERASIAS, BONNIE E  
Address 19501 W COUNTRY CLUB DR #TS01  
City-State-Zip: AVENTURA, FL 33180

Title VD  
Name BERNARD, LESLY  
Address 920 NW 179 SUITE  
City-State-Zip: MIAMI FL 33169  
  
Title S  
Name FINTALIA, ISMA  
Address 17601 NW 12 CT  
City-State-Zip: MIAMI FL 33169

*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: CHRISTINE JEAN-BAPTISTE**

**CEO**

**06/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date