

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011532

Entity Name: HCPD UNIVERSITY FOUNDATION, INC.**Current Principal Place of Business:**2020 NW 47 TERRACE
LAUDERHILL, FL 33313**Current Mailing Address:**2020 NW 47 TERRACE
LAUDERHILL, FL 33313 US**FEI Number: 26-3646244****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JEAN-BAPTISTE, IRVIN SR
2020 NW 47 TERRACE
LAUDERHILL, FL 33313 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	JEAN-BAPTISTE, IRVIN
Address	2020 NW 47 TERRACE
City-State-Zip:	LAUDERHILL FL 33313

Title	VP
Name	LAJOIE, VALENTIN
Address	2020 NW 47 TERRACE
City-State-Zip:	LAUDERHILL FL 33313

Title	TRES
Name	GALLOTTE, JEAN G
Address	2020 NW 47 TERRACE
City-State-Zip:	LAUDERHILL FL 33313

Title	DIR
Name	HONORE, CLODYL
Address	2020 NW 47 TERRACE
City-State-Zip:	LAUDERHILL FL 33313

Title	DIRECTOR
Name	JEAN, JOEL
Address	2020 NW 47 TERRACE
City-State-Zip:	LAUDERHILL FL 33313

Title	SEC
Name	SANDRA, BENS
Address	2020 NW 47 TERRACE
City-State-Zip:	LAUDERHILL FL 33313

Title	VP
Name	METELLUS, ANEL
Address	2020 NW 47 TERRACE
City-State-Zip:	LAUDERHILL FL 33313

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: IRVIN JEAN-BAPTISTE**PRESIDENT****07/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date