

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003231

**FILED**  
**Apr 26, 2015**  
**Secretary of State**  
**CC5428852331**

**Entity Name:** LITTLE HAITI OPTIMIST CLUB, INC.

**Current Principal Place of Business:**

1835 N.E. MIAMI GARDENS DRIVE, #112  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1835 N.E. MIAMI GARDENS DRIVE, #112  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 27-2258066

**Certificate of Status Desired:** No

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

LOUISSAINT, MARIE  
1835 N.E. MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179 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 LOUISSAINT, MARIE  
Address 1835 N.E. MIAMI GARDENS DRIVE,  
#112  
City-State-Zip: N. MIAMI BEACH FL 33179

Title VP  
Name CARRY, ANDREW  
Address 1835 NE MIAMI GARDENS DR #112  
City-State-Zip: N. MIAMI BCH FL 33179

Title VP  
Name SEJOUR, WILKINSON  
Address 1835 NE MIAMI GARDENS DR #112  
City-State-Zip: N. MIAMI BCH FL 33179

Title T  
Name LEVROS, NANCY  
Address 1835 NE MIAMI GARDENS DR #112  
City-State-Zip: N. MIAMI BCH FL 33179

Title S  
Name BRADSHAW, MARVA  
Address 1835 NE MIAMI GARDENS DR #112  
City-State-Zip: N. MIAMI BCH FL 33179

Title BOARD MEMBER  
Name LOUISSAINT, BEATRICE  
Address 1835 NE MIAMI GARDENS DR #112  
City-State-Zip: N. MIAMI BCH FL 33179

Title BOARD MEMBER  
Name JOHNSON, GARY  
Address 1835 N.E. MIAMI GARDENS DRIVE,  
#112  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title BOARD MEMBER  
Name MOMBRE , EVANS  
Address 1835 N.E. MIAMI GARDENS DRIVE,  
#112  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** MARIE LOUISSAINT

P

04/26/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date