

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003231

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 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

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date