

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004189

Entity Name: LEAGUE OF HAITIAN AMERICAN VOTERS, INC.

FILED
Apr 25, 2017
Secretary of State
CC4449627734

Current Principal Place of Business:

1140 N.E. 163RD STREET
SUITE 24
MIAMI, FL 33162

Current Mailing Address:

1140 N.E. 163RD STREET
SUITE 24
MIAMI, FL 33162

FEI Number: 27-2788764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAUTIER, MURIEL
181 NE 82ND STREET
SUITE 101
MIAMI, FL 33138 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 MR.
Name JEUDY, EVELT
Address 1140 NE 163RD STREET # 24
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MRS
Name JEUDY, MARIE C
Address 1106 N 76 AVE
City-State-Zip: HOLLYWOOD FL 33024

Title MRS
Name ANDRE, YANICK
Address 15002 NE 12 AVE
City-State-Zip: MIAMI FL 33162

Title MR
Name FAVEUR, JEAN A
Address 850 NE 199 STREET
City-State-Zip: MIAMI FL 33169

Title MRS
Name JEUDY, CARM E
Address 1106 N 76 AVE
City-State-Zip: HOLLYWOOD FL 33024

Title MRS
Name CHERELUS, ROSE A
Address 1755 NE 164 STREET # 101
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MS.
Name JEAN BAPTISTE, EMMANUELLA
Address 26905 SW 144 CT
City-State-Zip: HOMESTEAD FL 33032

Title MS.
Name JEAN BAPTISTE, SHELDINE
Address 26905 SW 144 CT.
City-State-Zip: HOMESTEAD FL 33032

Continues on page 2

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: EVELT JEUDY

OFFICER

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MRS.
Name NICOLAS, MARIE M
Address 850 NW 199 STREET
City-State-Zip: MIAMI FL 33167

Title MRS.
Name JEAN BAPTISTE, FABIOLA
Address 61 SW 91 AVE
City-State-Zip: PLANTATION FL 33324

Title MR.
Name EDOUARD, LOUIS
Address 15210 NE 10 CT
City-State-Zip: NORTH MIAMI BCH FL 33162

Title OFFICER
Name LINDOR, MIRLENE THOMAS
Address 1140 N.E. 163RD STREET
SUITE 24
City-State-Zip: MIAMI FL 33162