

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

DOCUMENT# N10000004189

**Entity Name:** LEAGUE OF HAITIAN AMERICAN VOTERS, INC.

**FILED**  
**May 09, 2020**  
**Secretary of State**  
**7978949221CC**

**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 VIARD, MARIE THIRTSA  
Address 322 NE 108 STREET  
City-State-Zip: MIAMI FL 33161

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

**PRESIDENT**

**05/09/2020**

\_\_\_\_\_  
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