

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001450

Entity Name: LITTLE HAITI OPTIMIST FOUNDATION, INC.**Current Principal Place of Business:**1835 NE MIAMI GARDENS DRIVE, #112
MIAMI, FL 33179**Current Mailing Address:**1835 NE MIAMI GARDENS DRIVE, #112
MIAMI, FL 33179**FEI Number:** 27-5029021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOUISSANT, MARIE
1835 NE MIAMI GARDENS DRIVE, #112
MIAMI, 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	PD
Name	LOUISSANT, MARIE
Address	1835 NE MIAMI GARDENS DRIVE, #112
City-State-Zip:	MIAMI FL 33179

Title	TD
Name	BRADSHAW, MARVA
Address	1835 NE MIAMI GARDENS DRIVE, #112
City-State-Zip:	MIAMI FL 33179

Title	VPD
Name	CARRY, ANDREW
Address	1835 NE MIAMI GARDENS DRIVE, #112
City-State-Zip:	MIAMI FL 33179

Title	SD
Name	LOUISSANT, BEATRICE
Address	1835 NE MIAMI GARDENS DRIVE, #112
City-State-Zip:	MIAMI FL 33179

Title	D
Name	OBSAINT, ANNIE
Address	1835 NE MIAMI GARDENS DRIVE, #112
City-State-Zip:	MIAMI FL 33179

Title	VPD
Name	SEJOUR, WILKINSON
Address	1835 NE MIAMI GARDENS DRIVE, #112
City-State-Zip:	MIAMI 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 LOUISSANT

PD

04/26/2015

Electronic Signature of Signing Officer/Director Detail_____
Date