

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007409

**Entity Name:** HAITIAN EDUCATION & ATHLETIC FOUNDATION, INC.**Current Principal Place of Business:**12595 SW 137TH AVENUE  
SUITE  
MIAMI, FL 33186**Current Mailing Address:**12595 SW 137TH AVENUE  
SUITE 205  
MIAMI, FL 33186 US**FEI Number:** 12-0000074**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUTLER, JEFF  
4000 PONCE DE LEON BLVD - STE. 790  
CORAL GABLES, FL 33146 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/D
Name	LOUIS, IPHTON
Address	1300 PONCE DE LEON BLVD. APT. # 306
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY, DIRECTOR
Name	JEAN, CHRISTINE PHD
Address	9226 SW 148TH COURT
City-State-Zip:	MIAMI FL 33196

Title	VP, DIRECTOR
Name	FELDMAN, MICHAEL DR.
Address	8750 SW 144 STREET SUITE 203
City-State-Zip:	MIAMI FL 33176

Title	TREASURER, DIRECTOR
Name	DURET, JEAN-PAUL
Address	9226 SW 148 CT
City-State-Zip:	MIAMI FL 33196

*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:** IPHTON LOUIS**PRESIDENT****03/31/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date