

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001083

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC7800283157**

**Entity Name:** HAITIAN AMERICAN CHRISTIAN HERITAGE FOUNDATION, INC.

**Current Principal Place of Business:**

81 NW 54TH STREET  
MIAMI, FL 33127

**Current Mailing Address:**

81 NW 54TH STREET  
MIAMI, FL 33127

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PRUDENT, WILNER REV.  
81 NW 54TH STREET  
MIAMI, FL 33127 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 PRUDENT, WILNER REV.  
Address 81 NW 54TH STREET  
City-State-Zip: MIAMI FL 33020

Title VP  
Name PRUDENT, NAOMIE EREV.  
Address 81 NW 54TH STREET  
City-State-Zip: MIAMI FL 33127

Title S  
Name PRUDENT, HADASSA PAST.  
Address 81 NW 54TH STREET  
City-State-Zip: MIAMI FL 33127

Title AS  
Name COURSEILLANT, MONA CMIN.  
Address 81 NW 54TH STREET  
City-State-Zip: MIAMI FL 33127

Title T  
Name PRUDENT, JERIELE PASTOR  
Address 81 NW 54TH STREET  
City-State-Zip: MIAMI FL 33127

Title OFFICER  
Name MARIA V CADET  
Address 81 NW 54TH STREET  
City-State-Zip: MIAMI FL 33127

Title OFFICER  
Name ARISTIDE, BELFONG  
Address 81 NW 54TH STREET  
City-State-Zip: MIAMI FL 33127

*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:** WILNER PRUDENT

P

04/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date