

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009343

Entity Name: HAITIAN-AMERICAN COMMUNITY COALITION OF SW
FLORIDA, INC.**Current Principal Place of Business:**3949 EVANS AVENUE, SUITE 304
FORT MYERS, FL 33901**Current Mailing Address:**3949 EVANS AVENUE, SUITE 304
FORT MYERS, FL 33901 US**FEI Number: 81-3923307****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACQUET-CASTOR, BEATRICE
226 SE 15TH STREET
CAPE CORAL, FL 33990 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:** BEATRICE JACQUET-CASTOR**03/09/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	BUNTZMAN, AROL DR.
Address	12747 YACHT CLUB CIRCLE
City-State-Zip:	FORT MYERS FL 33919

Title	PRESIDENT
Name	JACQUET-CASTOR, BEATRICE
Address	226 SE 15TH STREET
City-State-Zip:	CAPE CORAL FL 33990

Title	VP
Name	SHERMAN, STEVE
Address	5231-4 CEDARBEND DR
City-State-Zip:	FORT MYERS FL 33901

Title	SECRETARY
Name	VAUGHN, BETSY
Address	P.O BOX 62016
City-State-Zip:	FORT MYERS FL 33906

Title	DIRECTOR
Name	BOYER, ARTHUR DR.
Address	P.O BOX 62016
City-State-Zip:	FORT MYERS FL 33906

Title	DIRECTOR
Name	ALEXANDRE, ILOMISE
Address	1441 MANDEL RD
City-State-Zip:	FORT MYERS FL 33919

Title	DIRECTOR
Name	BUTTS, TIMOTHY DR.
Address	3069 NW 4TH AVENUE
City-State-Zip:	CAPE CORAL FL 33993

Title	DIRECTOR
Name	JESSICA , VICTORIN
Address	P.O. BOX 62016
City-State-Zip:	FORT MYERS FL 33906

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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: BEATRICE JACQUET-CASTOR**MGR****03/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	CHERY, GUERLING	Name	ST.LOUIS, NICOLLE
Address	P.O BOX 62016	Address	P.O BOX 62016
City-State-Zip:	FORT MYERS FL 33906	City-State-Zip:	FORT MYERS FL 33906
Title	OFFICER		
Name	JACQUET & ASSOCIATES BOOKKEEPING & BUSINESS SVCS, LLC		
Address	P.O BOX 62016		
City-State-Zip:	FORT MYERS FL 33906		