2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2016
Secretary of State
CC9846816554

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Entity Name: HAITIAN AMERICAN DEMOCRATIC CLUB OF LEE COUNTY , INC

Current Principal Place of Business:

226 SE 15TH STREET
CAPE CORAL, FL 33990

Current Mailing Address:

226 SE 15TH STREET
CAPE CORAL, FL 33990

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACQUET, 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	PRESIDENT
Name	DELVA, CLIFFORD
Address	2613 NW 2ND PLACE
City-State-Zip:	CAPE CORAL FL 33993

Title	TREASURER
Name	LOUIS, JOEL
Address	9200 CORAL GABLES RD
City-State-Zip:	FORT MYERS FL 33967

Title	OFFICER
Name	CHERISOL, ELLENNE
Address	3651 EVANS AVENUE SUITE 105
City-State-Zip:	FORT MYERS FL 33901

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

Title	SECRETARY
Name	LAFALAISE, MANE
Address	1761 RED CEDAR DRIVE#1
City-State-Zip:	FORT MYERS FL 33907

Title	2ND PRESIDENT
Name	SHERMAN, STEVE
Address	5231-4 CEDAR BEND DR
City-State-Zip:	FORT MYERS FL 33901

Title	OFFICER
Name	BOYER, ARTHUR DR.
Address	PO BOX 2747
City-State-Zip:	IMMOKALEE FL 34143

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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: JOEL LOUIS TREASURER 04/18/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	OFFICER
Name	CURTISS, KAREN
Address	2624 CENTRAL AVE
City-State-Zip:	FORT MYERS FL 33901