

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000001209

Entity Name: HAITIAN AMERICAN SCHOLARSHIP & EMPOWERMENT PROGRAM, INC

FILED
Mar 01, 2017
Secretary of State
CC8755291001

Current Principal Place of Business:

424 NW 14 STREET
FLORIDA CITY, FL 33034

Current Mailing Address:

424 NW 14 STREET
FLORIDA CITY, FL 33034 US

FEI Number: 81-1457913

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DEMAS, GUY P
424 NW 14 STREET
FLORIDA CITY, FL 33034 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 VP
Name FLEURIMOND, ALPHA H
Address 796 NW 11TH STREET
City-State-Zip: HOMESTEAD FL 33030

Title SEC
Name CESAR, RUTH
Address 1250 NW 15TH STREET
City-State-Zip: HOMESTEAD FL 33030

Title TREA
Name BARTHELUS, ANDSON
Address 25952 SW 133 PLACE
City-State-Zip: HOMESTEAD FL 33032

Title ADV
Name CADET, DUCKSON
Address 24820 SW 147TH AVENUE
City-State-Zip: HOMESTEAD FL 33033

Title OFF
Name BELLANY, AUNEL
Address 2000 SE 19TH STREET
City-State-Zip: HOMESTEAD FL 33035

Title OFF
Name CHERISTIL, YADLEE
Address 2377 SE 12TH STREET
City-State-Zip: HOMESTEAD FL 33035

Title PRES
Name DEMAS, GUY
Address 424 NW 14 STREET
City-State-Zip: FLORIDA CITY FL 33034

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: GUY DEMAS

PRESIDENT

03/01/2017

Electronic Signature of Signing Officer/Director Detail

Date