## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000001209

Entity Name: HAITIAN AMERICAN SCHOLARSHIP & EMPOWERMENT

PROGRAM, INC

**Current Principal Place of Business:** 

51 LAUREL DRIVE OCALA, FL 34480

**Current Mailing Address:** 

51 LAUREL DRIVE OCALA, FL 34480 US

FEI Number: 81-1457913 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMAS, GUY P 51 LAUREL DRIVE OCALA, FL 34480 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

**FILED** Sep 22, 2021

**Secretary of State** 

3384149516CC

Officer/Director Detail:

Title Title SEC

Name CESAIRE, CHEMALY Name CESAR, RUTH

Address 3610 SE 1TH STREET Address 1250 NW 15TH STREET City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: HOMESTEAD FL 33030

Title ADV Title **TRFA** 

CADET, DUCKSON Name PHADERE, GUYSVELINE Name

Address 51 LAUREL DRIVE Address 24820 SW 147TH AVENUE City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: OCALA FL FL 34480

Title OFF Title OFF

Name CHARLES, JEAN Name MUSCADUM, YVANIA

Address 16210 SW 280TH STREET 766 SW 7TH STREET Address City-State-Zip: HOMESTEAD FL 33032 FLORIDA CITY FL 33034 City-State-Zip:

Title **PRES** 

Name DEMAS, GUY Address 51 LAUREL DRIVE City-State-Zip: OCALA FL 34480

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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

09/22/2021 Date