

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000001209

**Entity Name:** HAITIAN AMERICAN SCHOLARSHIP & EMPOWERMENT PROGRAM, INC

**FILED  
Jun 30, 2020  
Secretary of State  
1458343916CC**

**Current Principal Place of Business:**

424 NW 14 STREET  
FLORIDA CITY, FL 33034

**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  
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 CHARLES, JEAN  
Address 16210 SW 280TH STREET  
City-State-Zip: HOMESTEAD FL 33032

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**

**PRESIDENT**

**06/30/2020**

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

\_\_\_\_\_  
Date