

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004404

Entity Name: GOLF FEDERATION OF HAITI, INC.**Current Principal Place of Business:**166 NE 54 STREET
MIAMI, FL 33137**Current Mailing Address:**166 NE 54 STREET
MIAMI, FL 33137 US**FEI Number:** 82-1627399**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEREE, DUFIRSTSON J
166 NE 54 STREET
MIAMI, FL 33137 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	NEREE, DUFIRSTSON J
Address	166 NE 54 STREET
City-State-Zip:	MIAMI FL 33137

Title	PRESIDENT
Name	MONDESIR, JEFFY V.
Address	166 NE 54 STREET
City-State-Zip:	MIAMI FL 33137

Title	TREASURER
Name	BRANDT, MAURICE G.I.
Address	166 NE 54 STREET
City-State-Zip:	MIAMI FL 33137

Title	SECRETARY
Name	ST. HILAIRE, SANDRA
Address	166 NE 54 STREET
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	PIERRE, DESINOR
Address	166 NE 54 STREET
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	MEHU, WILLY
Address	166 NE 54 STREET
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	DORSAINVIL, SANDY
Address	166 NE 54 STREET
City-State-Zip:	MIAMI FL 33137

Title	DIRECTOR
Name	BARRAU, CARL FREDERIC
Address	166 NE 54 STREET
City-State-Zip:	MIAMI FL 33137

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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: DUFIRSTSON J. NEREE**CHAIRMAN****04/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	EVEILLARD, PATRICK
Address	166 NE 54 STREET
City-State-Zip:	MIAMI FL 33137