

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004404

Entity Name: GOLF FEDERATION OF HAITI FOUNDATION, INC.**Current Principal Place of Business:**8250 N MIAMI AVENUE
MIAMI, FL 33150**Current Mailing Address:**GOLF FEDERATION OF HAITI FOUNDATION, INC.
8250 N MIAMI AVE
MIAMI, FL 33150 US**FEI Number:** 82-1627399**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEREE, D.J. ESQ.
27 N 17TH AVE
MIAMI, FL 33125 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:** DUFIRSTSON J. NEREE

04/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name NEREE, DUFIRSTSON J ESQ.
Address 166 NE 54 STREET
City-State-Zip: MIAMI FL 33137

Title CHAIRMAN
Name ANTOINE, LOUIS EVENS
Address 19377 NE 10TH AVE
APT. 509
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title PRESIDENT
Name JEAN, ANDY J
Address 8250 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150

Title DIRECTOR
Name LEVASSEUR, PATRICIA
Address 1200 NE 144TH ST
City-State-Zip: MIAMI FL 33161

Title DIRECTOR
Name DESIR, ROLAINDJY
Address 8250 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150

Title DIRECTOR
Name JEAN-LOUIS, ROSENNY
Address 1200 NE 144TH STREET
City-State-Zip: MIAMI FL 33161

Title DIRECTOR
Name LORFILS, JOHN
Address 2301 LAGUNA CIRCLE
City-State-Zip: NORTH MIAMI FL 33181

Title VICE PRESIDENT - TREASURER
Name VITAL, GUS
Address 870 W MACADA RD
City-State-Zip: BETHLEHEM PA 18017

Continues on page 2

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: LOUIS ANTOINE

CHAIRMAN

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	CAMPA, EDDY
Address	21219 BROKEN STONE CT
City-State-Zip:	RIVERSIDE CA 92507