

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005347

**FILED**  
**Jan 20, 2018**  
**Secretary of State**  
**CC0480203459**

**Entity Name:** HAITIAN AMERICAN YOUTH ORGANIZATION, INC.

**Current Principal Place of Business:**

10840 SW 121 STREET  
MIAMI, FL 33176

**Current Mailing Address:**

10840 SW 121 STREET  
MIAMI, FL 33176

**FEI Number: 65-0991919**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SYLVAIN-DAVID, MIREILLE  
10840 SW 121 STRET  
MIAMI, FL 33176 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 ED  
Name SYLVAIN-DAVID, MIREILLE  
Address 10840 SW 121ST STREET.  
City-State-Zip: MIAMI FL 33176

Title AD 1  
Name SALNAVE, DANIEL  
Address 10840 SW 121ST STREET.  
City-State-Zip: MIAMI FL 33176

Title TREA  
Name SALNAVE , DANIEL  
Address 10840 SW 121ST STREET  
City-State-Zip: MIAMI FL 33176

Title CHAIRMAN  
Name DAVID, JOCELYN  
Address 10840 SW 121 STREET  
City-State-Zip: MIAMI FL 33176

Title EESD  
Name SAMSON, MARGUERITE  
Address 10840 SW 121ST STREET  
City-State-Zip: MIAMI FL 33176

Title SECRETARY  
Name MOUSSIGNAC, KATIA  
Address 10840 SW 121ST STREET  
City-State-Zip: MIAMI FL 33176

Title VC  
Name LEVEILLE, MARC ANTOINE  
Address 10840 SW 121 STREET  
City-State-Zip: MIAMI FL 33176

Title OFFICER  
Name MAHOTIERE, MARGARETT DR.  
Address 10840 SW 121 STREET  
City-State-Zip: MIAMI FL 33176

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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: MIREILLE SYLVAIN-DAVID**

**EXECUTIVE DIRECTOR**

**01/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name WOLLEY, MICHELINE  
Address 10840 SW 121ST STREET  
City-State-Zip: MIAMI FL 33176