

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002683

**Entity Name:** HAITI MOSQUITO CONTROL ASSOCIATION, INC.

**Current Principal Place of Business:**

13455 79TH STREET  
FELLSMERE, FL 32948

**Current Mailing Address:**

PO BOX 989  
FELLSMERE, FL 32948

**FEI Number: 46-4863316**

**Certificate of Status Desired: Yes**

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

JULES, MOREL  
13455 79TH STREET  
FELLSMERE, FL 32948 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 P  
Name JULES, MOREL  
Address PO BOX 989  
City-State-Zip: FELLSMERE FL 32948

Title T  
Name CONNELLY, ROXANNE  
Address 751 W. OCRACOCKE SQ SW  
City-State-Zip: VERO BEACH FL 32968

Title VP  
Name JONES, FLO  
Address PO BOX 49  
City-State-Zip: FLORAL CITY FL 34436

Title S  
Name MITCHELL, BETH L  
Address 13780 101 STREET  
City-State-Zip: FELLSMERE FL 32948

Title PARLIAMENTARIAN  
Name COY, ANDREA S.  
Address 501 PALM AVE  
City-State-Zip: SEBASTIAN FL 32958

*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: FLO JONES**

**VICE PRESIDENT**

**03/08/2016**

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

\_\_\_\_\_  
Date