

2019 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	TREASURER
Name	BARTLETT, SUE
Address	PO BOX 989
City-State-Zip:	FELLSMERE FL 32948

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****04/03/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date