

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30945

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** HAITIAN ORGANIZATION OF WOMEN, INC.

**Current Principal Place of Business:**

162 SW FIRST AVE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

162 SW FIRST AVE  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

**FEI Number:** 65-0341706      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DUCENA, MICHELINE  
17781 S.W. 113 AVENUE  
MIAMI, FL 33157 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DUCENA, MICHELINE  
Address: 17781 SW 113 AVE  
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete  
Name: NUMA, YOLAINE  
Address: 12125 SW 187 STREET  
City-St-Zip: MIAMI, FL 33177

Title: ED ( ) Delete  
Name: DUCENA, MICHELINE  
Address: 17781 SW 113 AVE  
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete  
Name: BELLANDE, CUCKIE  
Address: 16380 SW 293 ST  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELINE DUCENA

P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date