


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90155 013 ****61.25

DOCUMENT # N30945

1. Entity Name
HAITIAN ORGANIZATION OF WOMEN, INC.



Principal Place of Business Mailing Address

**162 SW FIRST AVE
HOMESTEAD FL 33030
US** **162 SW FIRST AVE
HOMESTEAD FL 33030
US**

2. Principal Place of Business 3. Mailing Address

162 SW First Avenue **162 SW First Avenue**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Homestead, Florida **Homestead, Florida**

Zip Country Zip Country

33030 **Dade** **33030** **Dade**

4. FEI Number **65-0341706** Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Micheline Ducena**

Street Address (P.O. Box Number is Not Acceptable)

17781 SW 113th Avenue

City **Miami, Florida** FL Zip Code **33157**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Micheline Ducena, President** **4/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	VOLTAIRE, KATHLEEN	
STREET ADDRESS	15601 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZENON, MARIE T	
STREET ADDRESS	11271 SW 112 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DESROULEAUX, EVELYNE	
STREET ADDRESS	12600 SW 189 ST.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	S	<input type="checkbox"/> Delete
NAME	NUMA, YOLAINE	
STREET ADDRESS	12125 SW 187 STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	ED	<input type="checkbox"/> Delete
NAME	DUCENA, MICHELINE	
STREET ADDRESS	17781 SW 113 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Robes Charles	
STREET ADDRESS	106 S.E. 4th Drive	
CITY-ST-ZIP	Homestead, Florida 33030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Micheline Ducena	
STREET ADDRESS	17781 SW 113 Avenue	
CITY-ST-ZIP	Miami, Florida 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Micheline Ducena, President 4/19/03**

CR2E037 (10/02)