

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004935 (2)

1. Corporation Name

UNITED HAITIANS ASSOCIATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

**2301 FOWLER ST
SUITE 5
FORT MYERS FL 33901**

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SUITE 5
FORT MYERS FL 33901**

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

12/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **P.O. Box 656**

22 City & State **27** City & State

23 **FORT MYERS, FL**

24 Zip **25** Country **29** **33902** **30** Country

4. FEI Number

65-0535712

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENAGER, EMMANUEL B.
629 SW 21ST TERRACE
CAPE CORAL FL 33991**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Emmanuel B. Menager
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

EMMANUEL B. MENAGER, PRESIDENT **3/26/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **MENAGER, EMMANUEL B.**
STREET ADDRESS **629 SW 21ST TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** DELETE
NAME **PIERRE, IGNACE**
STREET ADDRESS **2250 ROYAL PALM AVE**
CITY-ST-ZIP **FORT MYERS FL 33901**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPD** DELETE
NAME **BERNARD, JULIO**
STREET ADDRESS **25662 SYSEN DR**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** DELETE
NAME **BEAUBRUN, MAME**
STREET ADDRESS **4322 PALM TREE BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33904**

4.1 TITLE Change Addition
4.2 NAME **BEAUBRUN, MARIE**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VTD** DELETE
NAME **HERARA, WILLIAM**
STREET ADDRESS **2420 DORA ST**
CITY-ST-ZIP **FORT MYERS FL 33901**

5.1 TITLE Change Addition
5.2 NAME **HERARA, WILLIAM**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Emmanuel B. Menager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMANUEL B. MENAGER

PRESIDENT

3/26/96

Date

Daytime Phone #

CR2E037 (12/95)