

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004935

FILED
Mar 22, 2009
Secretary of State

Entity Name: UNITED HAITIANS ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2250 FOWLER STREET
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 656
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0535712 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MENAGER, EMMANUEL B REV
629 SW 21ST TERRACE
CAPE CORAL, FL 33991 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: PD () Delete
Name: MENAGER, EMMANUEL B REV
Address: 629 SW 21ST TERRACE
City-St-Zip: CAPE CORAL, FL 33991

Title: VPSD () Delete
Name: BEAUBRUN, MARIE
Address: 4322 PALM TREE BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: TD () Delete
Name: BEAUBRUN, MARIE
Address: 4322 PALM TREE BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: GERMAIN, JEAN R
Address: 3206 W 36TH ST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TD (X) Change () Addition
Name: ST PIERRE, MIREILLE
Address: 2250 FOWLER ST
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Change (X) Addition
Name: MENAGER, JUDY
Address: 134 SE 19TH ST
City-St-Zip: CAPE CORAL, FL 33990

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: EMMANUEL MENAGER

PD

03/22/2009

Electronic Signature of Signing Officer or Director

Date