

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001612

FILED
May 13, 2009
Secretary of State

Entity Name: THE ASSOCIATION FOR HAITIAN MEN OF FLORIDA INC

Current Principal Place of Business:

920 NW 179 STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

920 NW 179 STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 35-2232433 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAPTISTE, CHRISTINE J
920 NW 179 STREET
MIAMI, FL 33169 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: PT () Delete
Name: BAPTISTE, CHRISTINE J
Address: 920 NW 179 STREET
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: BANKS, FLORIANE
Address: 3844 SW 52 AVENUE
City-St-Zip: HOLLYWOOD, FL 33023

Title: V () Delete
Name: SALEM, MICHAEL
Address: 6363 GAGE PLACE
City-St-Zip: MIAMI LAKES, FL 33014

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:

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: BCJ

_____ Electronic Signature of Signing Officer or Director

PT

05/13/2009

_____ Date