

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90044 045 \*\*\*\*75.00

**DOCUMENT # N07000004635**

1. Entity Name

UNION DES FEMMES HAITIENNES MISSIONAIRE, INC



Principal Place of Business

920 NW 179 ST  
MIAMI FL 33169

Mailing Address

920 NW 179 ST  
MIAMI FL 33169

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAPTISTE, CHRISTINE JEAN  
920 NW 179 ST  
MIAMI FL 33169

Name

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

City

FL

Zip Code

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

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**  
**Due By May 1, 2008**

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	CEO	<input type="checkbox"/> Delete
NAME	BAPTISTE, CHRISTINE JEAN	
STREET ADDRESS	920 NW 179 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAPTISTE, CHRISTINE JEAN	
STREET ADDRESS	920 NW 179 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BERNARD, LESLY	
STREET ADDRESS	8365 NE 2ND AVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	S/AT	<input type="checkbox"/> Delete
NAME	THEREZIAS, BONNIE	
STREET ADDRESS	19501 W COUNTRY CLUB DR - TS1	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	BANKS, FLORIANE	
STREET ADDRESS	3844 SW 52 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		<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 exemptions contained in Section 119, 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:

*Christine Jean Baptiste* CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

04-01-08  
Day, Month, Year