# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 13, 2009**
**Secretary of State**

DOCUMENT# N07000004635

**Entity Name:** UNION DES FEMMES HAITIENNES MISSIONAIRRE, INC

**Current Principal Place of Business:**

920 NW 179 ST
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

920 NW 179 ST
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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 JEAN
920 NW 179 ST
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: | CEO | ( ) Delete |
| Name: | BAPTISTE, CHRISTINE JEAN | |
| Address: | 920 NW 179 ST | |
| City-St-Zip: | MIAMI, FL 33169 | |
| Title: | P | ( ) Delete |
| Name: | BAPTISTE, CHRISTINE JEAN | |
| Address: | 920 NW 179 ST | |
| City-St-Zip: | MIAMI, FL 33169 | |
| Title: | VP | ( ) Delete |
| Name: | BERNARD, LESLY | |
| Address: | 8365 NE 2ND AVE | |
| City-St-Zip: | MIAMI, FL 33138 | |
| Title: | S/AT | ( ) Delete |
| Name: | THEREZIAS, BONNIE | |
| Address: | 19501 W COUNTRY CLUB DR - TS1 | |
| City-St-Zip: | AVENTURA, FL 33180 | |
| Title: | T | ( ) Delete |
| Name: | BANKS, FLORIANE | |
| Address: | 3844 SW 52 AVE | |
| City-St-Zip: | HOLLYWOOD, FL 33023 | |

**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: | |
| 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 CEO 05/13/2009
Electronic Signature of Signing Officer or Director — Date