

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N30945

1. Entity Name
HAITIAN ORGANIZATION OF WOMEN, INC.



FILED

2007 AUG 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
162 SW FIRST AVE
HOMESTEAD, FL 33030 US

Mailing Address
162 SW FIRST AVE
HOMESTEAD, FL 33030 US

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

08152007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0341706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUCENA, MICHELINE
17781 S.W. 113 AVENUE
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name
CUCKITA K. BELLANDE
Street Address (P.O. Box Number is Not Acceptable)
162 SW FIRST AVENUE
City
HOMESTEAD FL Zip Code
33030

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 *Cuckita K. Bellande*
Signature, typed or printed name of registered agent and title if applicable.

CUCKITA K. BELLANDE

08/15/07
DATE

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	DUCENA, MICHELINE	
STREET ADDRESS	17781 SW 113 AVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	NUMA, YOLAINE	
STREET ADDRESS	12125 SW 187 STREET	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	DUCENA, MICHELINE	
STREET ADDRESS	17781 SW 113 AVE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BELLANDE, CUCKIE	
STREET ADDRESS	16380 SW 293 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/ED	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUCKITA K. BELLANDE	
STREET ADDRESS	16380 SW 293 Street	
CITY-ST-ZIP	Homestead, Florida 33033	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGUERITE SAMSON	
STREET ADDRESS	10841 SW 122 Street	
CITY-ST-ZIP	Miami, Florida 33176	
TITLE	CH/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY O'TOOLE	
STREET ADDRESS	9800 SW 159 Street	
CITY-ST-ZIP	Miami, Florida 33157	
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 Chapter 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:

Larry O'Toole

LARRY O'TOOLE

8-15-07

786-554-161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #