

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30945

FILED
May 06, 2008
Secretary of State

Entity Name: HAITIAN ORGANIZATION OF WOMEN, INC.

Current Principal Place of Business:

162 SW FIRST AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

162 SW FIRST AVE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 65-0341706 **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:

Name and Address of New Registered Agent:

BELLANDE, CUCKITA K
162 SW FIRST AVE
HOMESTEAD, FL 33030 US

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: PED () Delete
Name: BELLANDE, CUCKITA K
Address: 16380 SW 293 STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: SD () Delete
Name: NUMA, YOLAINE
Address: 12125 SW 187 STREET
City-St-Zip: MIAMI, FL 33177

Title: T () Delete
Name: DALEY, DIANNA
Address: 162 SW FIRST AVE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: CHD () Delete
Name: O'TOOLE, LARRY
Address: 9800 SW 159 STREET
City-St-Zip: MIAMI, FL 33157

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:

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: CUCKITA BELLANDE

EX.D

05/06/2008

Electronic Signature of Signing Officer or Director

Date