

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30945

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: HAITIAN-AMERICAN ORGANIZATION FOR WOMEN, INC.

## Current Principal Place of Business:

1005 N. KROME AVE  
HOMESTEAD, FL 33030 US

## New Principal Place of Business:

1005 N. KROME AVE  
SUITE 101-113  
HOMESTEAD, FL 33030 US

## Current Mailing Address:

1005 N. KROME AVE  
HOMESTEAD, FL 33030 US

## New Mailing Address:

1005 N. KROME AVE  
SUITE 101-113  
HOMESTEAD, FL 33030 US

FEI Number: 65-0341706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BELLANDE, CUCKITA K  
1005 N. KROME AVE  
HOMESTEAD, FL 33030 US

## Name and Address of New Registered Agent:

BELLANDE, CUCKITA K  
1005 N. KROME AVE  
SUITE 101-113  
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:

01/09/2009

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: VALME, JOELLE  
Address: 627 SW 27 AVE  
City-St-Zip: MIAMI, FL 33135

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

PED

01/09/2009

Electronic Signature of Signing Officer or Director

Date