## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N30945

FILED Jan 27, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1005 N. KROME AVE 224 WASHINGTON AVENUE

SUITE 101-113 1-15

HOMESTEAD, FL 33030 US HOMESTEAD, FL 33030 US

Current Mailing Address: New Mailing Address:

1005 N. KROME AVE P.O. BOX 901546

SUITE 101-113 HOMESTEAD, FL 33090 US

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: Name and Address of New Registered Agent:

BELLANDE, CUCKITA K

1005 N. KROME AVE

P. O. BOX 901546

P. O. BOX 901546

SUITE 101-113 HOMESTEAD, FL 33090 US HOMESTEAD, FL 33090 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: 01/27/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

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

Title: SD

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

Title: C

 Name:
 FRASER, NICKI

 Address:
 10980 SW 107 AVE

 City-St-Zip:
 MIAMI, FL 33176

Title: T

Name: GERMAIN, FRANTZ Address: 9044 SW 215 TERR City-St-Zip: MIAMI, FL 33189

Title: VPD

Name: COMERFORD, THOMAS

Address: 20 SE 2ND RD

City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: BELLANDE CUCKITA P 01/27/2010