

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90036 012 ****61.25

DOCUMENT # N05724

Entity Name

HAITIAN AMERICAN NURSES ASSOCIATION OF
FLORIDA, INC.



Principal Place of Business

14810 TETHERCLIFT ST
DAVIE FL 33331
US

Mailing Address

PO BOX 694933
MIAMI FL 33269
US

94048589



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2463138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLOT, ANSSIE
14810 TETHERCLIFT ST
DAVIE FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 1VP
NAME ETIENNE, MARIE
STREET ADDRESS 19830 NE 14 AVE
CITY- ST- ZIP NORTH MIAMI BEACH FL 38719 ☐ Delete

TITLE 2VP
NAME PIERRE JEROME, ERIC
STREET ADDRESS 151 SW 134 WAY #303 N
CITY- ST- ZIP PEMBROKE PINES FL 33027 ☐ Delete

TITLE S
NAME DESSOURCES, MARLENE
STREET ADDRESS 1550 NW 159TH AVE
CITY- ST- ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE P
NAME BLOT, ANSSIE
STREET ADDRESS 14810 TETHERCLIFT STREET
CITY- ST- ZIP DAVIE FL 33331 ☐ Delete

TITLE AT
NAME AUGUSTE, GILBERTE P
STREET ADDRESS 12021 NW 29 PLACE
CITY- ST- ZIP SUNRISE FL 33323 ☐ Delete

TITLE T
NAME NOZILE, YOLAINE
STREET ADDRESS 6736 ROSE DRIVE
CITY- ST- ZIP MIRAMAR FL 33023 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ASSISTANT SECRETARY
NAME DU BOISSON, KETSI
STREET ADDRESS 401 NW 87 DR # 203
CITY- ST- ZIP PLANTATION, FL 33324 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Anssie Blot* **ANSSIE BLOT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04 **984-434-9618**
Date Daytime Phone #