

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

04-03-2007 90112 001 ****61.25
 04-03-2007 90112 002 *****8.75



DOCUMENT # N97000001894
 1. Entity Name
TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
 18610 NW 8TH AVE 18610 NW 8TH AVE
 MIAMI, FL 33169 US MIAMI, FL 33169 US

DO NOT WRITE IN THIS SPACE



05032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0746662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALRYMPLE, CHERYL
 18610 NW 8TH AVE
 MIAMI, FL 33169

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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: *C. Dalrymple* *Graciela Dalrymple* 1-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SELBY, ELENA 7904 EMBASSY BLVD. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DALRYMPLE, CHERYL 18610 NW 8TH AVENUE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMUELS, AGATHA 520 NW 157TH STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LENDOR, MARILYN 971 SW 101ST TERRACE PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ST LOUIS, YVONNE 19201 NW 22ND AVENUE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, EARLINE G 1301 NW 133RD STREET MIAMI, FL 33164

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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: *C. Dalrymple*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #