

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001894

FILED
Jun 23, 2009
Secretary of State

Entity Name: TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

18610 NW 8TH AVE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

18610 NW 8TH AVE
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 65-0746662 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:

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

Name and Address of New Registered Agent:

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: DV () Delete
Name: SELBY, ELENA
Address: 7904 EMBASSY BLVD.
City-St-Zip: MIRAMAR, FL 33023

Title: DP () Delete
Name: DALRYMPLE, CHERYL
Address: 18610 NW 8TH AVENUE
City-St-Zip: MIAMI, FL 33169

Title: DS () Delete
Name: SAMUELS, AGATHA
Address: 520 NW 157TH STREET
City-St-Zip: MIAMI, FL 33169

Title: DT () Delete
Name: LENDOR, MARILYN
Address: 971 SW 101ST TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: T () Delete
Name: ST LOUIS, YVONNE
Address: 19201 NW 22ND AVENUE
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: CAMPBELL, EARLINE G
Address: 1301 NW 133RD STREET
City-St-Zip: MIAMI, FL 33164

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:

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: CHERYL DALRYMPLE

DP

06/23/2009

Electronic Signature of Signing Officer or Director

Date