

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05724

**Entity Name:** HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.**FILED**  
**Feb 09, 2019**  
**Secretary of State**  
**6119240570CC****Current Principal Place of Business:**666 NE 125TH STREET  
SUITE 238  
N. MIAMI, FL 33161**Current Mailing Address:**PO BOX 695069  
MIAMI, FL 33269 US**FEI Number: 59-2463138****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL, LOUISE MARJORI  
21013 NORTHWEST 14TH PLACE  
UNIT 243  
MIAMI GARDENS, FL 33169 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:** LOUISE MARJORI PAUL**02/09/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES
Name	ELOI, MARSHA
Address	9581 NW 19TH PLACE
City-State-Zip:	SUNRISE FL 33322

Title	1ST VP
Name	LOUIS- MAGISTE, PAULINE
Address	21060 NORTH MIAMI AVENUE
City-State-Zip:	MIAMI FL 33161

Title	2ND VP
Name	BARREAU, NADINE
Address	8540 NW 54TH ST
City-State-Zip:	LAUDERHILL FL 33351

Title	TREASURER
Name	PAUL, LOUISE MARJORI
Address	21013 NORTHWEST 14TH PLACE UNIT 243
City-State-Zip:	MIAMI GARDENS FL 33169

Title	ASST. TREASURER
Name	ETIENNE, SAMANTHA
Address	6251 PALM TRACE LANDINGS DR
City-State-Zip:	DAVIE FL 33314

*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:** LOUISE MARJORI PAUL**TREASURER****02/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date