

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05724

**Entity Name:** HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**5047161698CC****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:**ETIENNE, SAMANTHA  
9065 SW 19 ST  
MIRAMAR, FL 33025 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:** SAMANTHA ETIENNE

01/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	1ST VP
Name	BARREAU, NADINE
Address	8540 NW 54TH ST
City-State-Zip:	LAUDERHILL FL 33351

Title	2ND VP
Name	VALCIN, ROSE
Address	685 NW 183RD WAY
City-State-Zip:	PEMBROKE PINES FL 33029

Title	TREASURER
Name	ETIENNE, SAMANTHA
Address	9065 SW 19 ST
City-State-Zip:	MIRAMAR FL 33025

Title	ASST. TREASURER
Name	MONTOBAN, JACINTH
Address	933 NW 206 ST.
City-State-Zip:	MIAMI GARDENS FL 33169

Title	SECRETARY
Name	FLEUR-AIME, MYRNELLE
Address	6941 SW 9TH ST
City-State-Zip:	PEMBROKE PINES FL 33023

Title	ASST. SECRETARY
Name	GEFFRARD, DENICK
Address	1510 NE 62ND ST.
City-State-Zip:	FORT LAUDERDALE FL 33334

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:** SAMANTHA ETIENNE

MRS.

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date