

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05724

Entity Name: HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.**FILED**
Feb 22, 2017
Secretary of State
CC5694205625**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:**TREASURER
3860 SW 147 AVENUE
MIRAMAR, FL 33027 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: ELSIE JUSTILIEN****02/22/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRES
Name DUBUISSON, AMINA
Address 5181 SW 173RD AVENUE
City-State-Zip: MIRAMAR FL 33029Title 1 VP
Name ELOI, MARSHA
Address 9581 NW 19TH PL
City-State-Zip: SUNRISE FL 33322Title 2 VP
Name LOUIS- MAGISTE, PAULINE
Address 21060 NORTH MIAMI AVENUE
City-State-Zip: MIAMI FL 33161Title TREA
Name JUSTILIEN, ELSIE
Address 3860 SW 147 AVENUE
City-State-Zip: MIRAMAR FL 33027Title AT
Name LEVEILLE, DOROTHY
Address 8700 SW 133RD AVENUE RD APT 220
City-State-Zip: MIAMI FL 33169Title SEC
Name BARREAU, NADINE
Address 8540 NW 54TH ST
City-State-Zip: LAUDERHILL FL 33351Title ASSISTANT SECRETARY
Name HENRI, NANCY
Address 12985 NE 4TH AVENUE
City-State-Zip: MIAMI FL 33161

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: ELSIE JUSTILIEN**TREASURER****02/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date