**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 30, 2024**
**Secretary of State**
**5725377411CC**

DOCUMENT# N05724

**Entity Name:** HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

1870 NE 171 STREET
N. MIAMI BEACH, FL 33162

**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:**

ST THOMAS, KATIANA V
7904 SW 194TH ST
CUTLER BAY, FL 33157 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: KATIANA ST THOMAS 04/30/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRES |
| Name | ST THOMAS, KATIANA V |
| Address | 7904 SW 194TH STREET |
| City-State-Zip: | CUTLER BAY FL 33157 |

| | |
|---|---|
| Title | 2ND VP |
| Name | BLAISE, KATIANA |
| Address | 100 KINGS POINT DR, APT 815 |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

| | |
|---|---|
| Title | ASST. TREASURER |
| Name | VERGER-COREUS, GUERLINE |
| Address | 70 NE 207 STREET |
| City-State-Zip: | MIAMI FL 33179 |

| | |
|---|---|
| Title | ASST. SECRETARY |
| Name | GORDON, MARTINE |
| Address | 18622 NW 27TH AVE, APT 113 |
| City-State-Zip: | MIAMI GARDENS FL 33056 |

| | |
|---|---|
| Title | 1ST VP |
| Name | FLEUR-AIME, MYRNELLE |
| Address | 6941 SW 9TH STREET |
| City-State-Zip: | PEMBROKE PINES FL 33023 |

| | |
|---|---|
| Title | TREASURER |
| Name | MONTOBAN, JACINTHE |
| Address | 933 NW 206 STREET |
| City-State-Zip: | MIAMI GARDENS FL 33169 |

| | |
|---|---|
| Title | SECRETARY |
| Name | ELISTIN, CAROLINE S |
| Address | 744 NW 206TH TERRACE |
| City-State-Zip: | MIAMI FL 33169 |

*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: KATIANA ST THOMAS PRESIDENT 04/30/2024

Electronic Signature of Signing Officer/Director Detail — Date