

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05724

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

04/10/2018

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

04/10/2018

Electronic Signature of Signing Officer/Director Detail

Date