

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002421

**FILED**  
**Aug 29, 2018**  
**Secretary of State**  
**CC4564192449**

**Entity Name:** HAITIAN AMERICAN NURSES ASSOCIATION OF TAMPA, INC

**Current Principal Place of Business:**

10115 NORTH BROOKS ST  
TAMPA, FL 33612

**Current Mailing Address:**

10115 NORTH BROOKS ST  
TAMPA, FL 33612 UN

**FEI Number:** 46-5527974

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOREUS, SHAKEMA T  
10115 N BROOKS ST  
TAMPA, FL 33612 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PIERRE, EDLINE  
Address        2421 ROANOKE SPRINGS DR  
City-State-Zip: RUSKIN FL 33570

Title            VP  
Name            BAROLETTE, GABRIELA  
Address        31214 CLARIDGE PLACE  
City-State-Zip: WESLEY CHAPEL FL 33543

Title            SECRETARY  
Name            NWAHIRI, IJEOMA  
Address        7727 OUTERBRIDGE STREET  
City-State-Zip: WESLEY CHAPEL FL 33545

Title            TREASURER  
Name            CHARLES, MAGDALA  
Address        11108 LAUREL BROOK COURT  
City-State-Zip: RIVERVIEW FL 33569

Title            ASST. SECRETARY  
Name            ABRAHAM, CIRCEE  
Address        12765 STANDBRIDGE DRIVE  
City-State-Zip: RIVERVIEW FL

*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:** SHAKEMA DOREUS

**IMMEDIATE PAST  
PRESIDENT**

**08/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date