

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002421

**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	P
Name	DOREUS, SHAKEMA T
Address	10115 NORTH BROOKS ST
City-State-Zip:	TAMPA FL 33612

Title	SECR
Name	PIERRE, NADEGE
Address	12710 COUNTRY BROOK LANE
City-State-Zip:	TAMPA FL 33625

Title	ASSISTANT SECRETARY
Name	LAVEAUX, DINA
Address	10115 NORTH BROOKS ST
City-State-Zip:	TAMPA FL 33612

Title	VP
Name	DESAMOUR, YVENOLA
Address	1401 PARKER DEN DRIVE
City-State-Zip:	RUSKIN FL 33570

Title	TREA
Name	TURENNE, CLAUDIA
Address	5206 ROYAL CYPRESS CIRCLE
City-State-Zip:	TAMPA FL 33647

Title	ASSISTANT TREASURER
Name	PIERRE, EDLINE
Address	10115 NORTH BROOKS ST
City-State-Zip:	TAMPA FL 33612

*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**PRESIDENT****04/24/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date