

**2021 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	PRESIDENT
Name	PIERRE, EDLINE
Address	2421 ROANOKE SPRINGS DR
City-State-Zip:	RUSKIN FL 33570

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

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

Title	ASST. SECRETARY
Name	NAZAIRE, MARJORIE
Address	6218 COLMAR PL
City-State-Zip:	APOLLO BEACH FL 33572

*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:** MAGDALA CHARLES**TREASURER****05/24/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date