

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1700000799

**FILED  
Apr 30, 2019  
Secretary of State  
3089764885CC**

**Entity Name:** HAITIAN AMERICAN NURSES ASSOCIATION OF ORLANDO, INCORPRATED

**Current Principal Place of Business:**

12112 FOUNTAINBROOK BLVD  
#320  
ORLANDO, FL 32825

**Current Mailing Address:**

P.O. BOX 530028  
ORLANDO, FL 32853 US

**FEI Number: 82-0786325**

**Certificate of Status Desired: No**

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

JOSEPH, WENDY  
12112 FOUNTAINBROOK BLVD  
#320  
ORLANDO, FL 32825 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            PRES  
Name            JOSEPH, WENDY  
Address        12112 FOUNTAINBROOK BLVD #320  
City-State-Zip: ORLANDO FL 32825

Title            VP  
Name            JEAN, CHRISSY  
Address        7750 COUNTRY RUN PKWY  
City-State-Zip: ORLANDO FL 32818

Title            SEC  
Name            HYPOLITE, YVOSE  
Address        7109 STEFFIE LANE  
City-State-Zip: ORLANDO FL 32818

Title            AS  
Name            ADOLPHE, MARTENG G  
Address        5530 ARNOLD PALMER DRIVE #911  
City-State-Zip: ORLANDO FL 32811

*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: WENDY JOSEPH**

**PRESIDENT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date