

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011294

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**8100513011CC**

**Entity Name:** HAITIAN AMERICAN NURSES ASSOCIATION OF PALM BEACH, INC

**Current Principal Place of Business:**

4849 LAKE WORTH ROAD  
GREENACRES, FL 334633461

**Current Mailing Address:**

P O BOX 741271  
BOYNTON BCH, FL 33474 US

**FEI Number:** 83-3227277

**Certificate of Status Desired:** No

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

JACQUES, REBECCA FOUNDER  
130 SOUTH INDIAN RIVER DRIVE  
220  
FORT PIERCE, FL 34950 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:** REBECCA JACQUES

04/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DUTES, THAYSHA MSN, RN  
Address        130 SOUTH INDIAN RIVER DRIVE  
                  220  
City-State-Zip: FORT PIERCE FL 34950

Title            1ST VP  
Name            PASCAL, OBENSON BSN, RN  
Address        130 SOUTH INDIAN RIVER DRIVE  
                  220  
City-State-Zip: FORT PIERCE FL 34950

Title            TREASURER  
Name            SAMSON-JOSEPH, MARIE  
                  BERNADETTE APRN-BC, AGACNP  
Address        130 SOUTH INDIAN RIVER DRIVE  
                  220  
City-State-Zip: FORT PIERCE FL 34950

Title            2ND VICE PRESIDENT  
Name            JEAN, PEPITA MSN, APRN,FNP-BC,  
                  BMTCN  
Address        130 SOUTH INDIAN RIVER DRIVE  
                  220  
City-State-Zip: FORT PIERCE FL 34950

Title            EXECUTIVE SECRETARY  
Name            TENGCO, JUDITH BSN, RN  
Address        130 SOUTH INDIAN RIVER DRIVE  
                  220  
City-State-Zip: FORT PIERCE FL 34950

Title            PRESIDENT ADVISOR  
Name            JEAN-CHARLES, DORA MSN, BSN,  
                  RN  
Address        130 SOUTH INDIAN RIVER DRIVE  
                  220  
City-State-Zip: FORT PIERCE FL 34950

*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:** THAYSHA DUTES

PRESIDENT

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date