

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000012853

Entity Name: HAITIAN AMERICAN NURSE PRACTITIONER ASSOCIATION, INC

FILED
Apr 30, 2024
Secretary of State
1946075879CC

Current Principal Place of Business:

533 NORTHLAKE BLVD
SUITE 1
NORTH PALM BEACH, FL 33408

Current Mailing Address:

533 NORTHLAKE BLVD
SUITE 1
NORTH PALM BEACH, FL 33408 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLES, LYONIE H
533 NORTHLAKE BLVD
SUITE 1
NORTH PALM BEACH, FL 33408 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 CHARLES, LYONIE H
Address 533 NORTHLAKE BLVD
SUITE 1
City-State-Zip: NORTH PALM BEACH FL 33408

Title VP
Name NEAS, EDELYNE
Address 533 NORTHLAKE BLVD
SUITE 1
City-State-Zip: NORTH PALM BEACH FL 33408

Title D
Name SAMSON-JOSEPH, MARIE
BERNADETTE
Address 533 NORTHLAKE BLVD
SUITE 1
City-State-Zip: NORTH PALM BEACH FL 33408

Title TREA
Name RICHARD-PEAN, MIDLAINE
Address 533 NORTHLAKE BLVD
SUITE 1
City-State-Zip: NORTH PALM BEACH FL 33408

Title D
Name LEBRUN, MARLENE
Address 533 NORTHLAKE BLVD
SUITE 1
City-State-Zip: NORTH PALM BEACH FL 33408

Title D
Name ALPHONSE, SANDRA
Address 533 NORTHLAKE BLVD
SUITE 1
City-State-Zip: NORTH PALM BEACH FL 33408

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: LYONIE H. CHARLES

PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date