

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001894

**FILED**  
**Feb 27, 2016**  
**Secretary of State**  
**CC2137182061**

**Entity Name:** TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

18610 NW 8TH AVE  
MIAMI, FL 33169

**Current Mailing Address:**

18610 NW 8TH AVE  
MIAMI, FL 33169 US

**FEI Number:** 65-0746662

**Certificate of Status Desired:** No

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

CUMBERBATCH, CAROLE ANDREA BSN  
9760 GLACIER DR  
MIRIMAR, FL 33025 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:** CAROLE CUMBERBATCH

02/27/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DV  
Name PEREZ, MAVIS  
Address 2813 EAST LEXINGTON DR  
City-State-Zip: MIRAMAR FL 33025

Title DP  
Name CUMBERBATCH, CAROLE ANDREA  
PRESIDENT  
Address 9760 GLACIER DR  
City-State-Zip: MIRAMAR FL 33025

Title DS  
Name SAMUELS, AGATHA  
Address 520 NW 157TH STREET  
City-State-Zip: MIAMI FL 33169

Title T  
Name GABRIEL, BRENDA  
Address 3961 NW 207 DR  
City-State-Zip: MIAMI FL 33055

Title T  
Name SIMMONS, GRACE G  
Address 4 NE 205 TER  
City-State-Zip: MIAMI FL 33179

Title TREASURER  
Name EDWARDS, PATRICIA  
Address 10821 SW 51 COURT  
City-State-Zip: DAVIE FL 33328

*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:** PATRICIA EDWARDS

**TREASURER**

02/27/2016

Electronic Signature of Signing Officer/Director Detail

Date