

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005809

FILED
Apr 28, 2004
Secretary of State**Entity Name:** N'CANA NATIONAL CARIBBEAN AMERICAN NURSES ASSOCIATION, INC**Current Principal Place of Business:**4115 NW 22ND STREET
COCONUT CREEK, FL 33066**New Principal Place of Business:****Current Mailing Address:**4115 NW 22ND STREET
COCONUT CREEK, FL 33066**New Mailing Address:****FEI Number:** 65-1134136**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LACOMBE, VEDNA K
7809 NW 71ST AVE
TAMARAC, FL 33321 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LACOMBE, VEDNA
Address: 4115 NW 22ND STREET
City-St-Zip: COCONUT CREEK, FL 33066**Title:** VD () Delete
Name: DALEY, ARETHA
Address: 4115 NW 22ND STREET
City-St-Zip: COCONUT CREEK, FL 33066**Title:** TD () Delete
Name: LACOMBE, DORIS
Address: 4115 NW 22ND STREET
City-St-Zip: COCONUT CREEK, FL 33066**Title:** PD (X) Delete
Name: LACOMBE, VEDRA
Address: 4115 NW 22ND STREET
City-St-Zip: COCONUT CREEK, FL 33066**Title:** VD (X) Delete
Name: DALEY, ARETHA
Address: 4115 NW 22ND STREET
City-St-Zip: COCONUT CREEK, FL 33066**Title:** TD (X) Delete
Name: LACOMBE, DORIS
Address: 4115 NW 22ND STREET
City-St-Zip: COCONUT CREEK, FL 33066**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VEDNA LACOMBE

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date