

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007854

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** GUYANESE/AMERICAN NURSES ASSOCIATION OF FLORIDA INC.

**Current Principal Place of Business:**

17600 SW 84TH COURT  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

17600 SW 84TH COURT  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BASCOM, WENDY S  
15681 SW 147TH COURT  
MIAMI, FL 33187 US

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

AMBROSE, JULIA D  
10821 S W 158 TERRACE  
MIAMI, FL 33157 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: JULIA D. AMBROSE

04/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, JULIET  
Address: 17600 SW 84TH COURT  
City-St-Zip: MIAMI, FL 33157

Title: VP  
Name: SKEETE, JOYCELYN  
Address: 7924 SW 185TH TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: SECR  
Name: GOODLUCK, INGRID  
Address: 16009 SW 154TH COURT  
City-St-Zip: MIAMI, FL 33187

Title: TREA  
Name: AMBROSE, JULIA  
Address: 10821 SW 158 TERRACE  
City-St-Zip: MIAMI, FL 33157

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: JULIA D. AMBROSE

TREA

04/07/2010

Electronic Signature of Signing Officer or Director

Date