


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001894					
1. Entity Name TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.					
Principal Place of Business 18610 NW 8TH AVE MIAMI FL 33169 US			Mailing Address 18610 NW 8TH AVE MIAMI FL 33169 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0746662	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DALRYMPLE, CHERYL 18610 NW 8TH AVE MIAMI FL 33169			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DV NAME SELBY, ELENA STREET ADDRESS 7904 EMBASSY BLVD. CITY-ST-ZIP MIRAMAR FL 33023	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000557825 05/17/06-80070-002 61.25	
TITLE DP NAME DALRYMPLE, CHERYL STREET ADDRESS 18610 NW 8TH AVENUE CITY-ST-ZIP MIAMI FL 33169	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000534898 05/06/06-80032-005 70.00 V	
TITLE DS NAME SAMUELS, AGATHA STREET ADDRESS 520 NW 157TH STREET CITY-ST-ZIP MIAMI FL 33169	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000557825 05/17/06-80070-003 9.75	
TITLE DT NAME LENDOR, MARILYN STREET ADDRESS 971 SW 101ST TERRACE CITY-ST-ZIP PEMBROKE PINES FL 33025	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ST LOUIS, YVONNE STREET ADDRESS 19201 NW 22ND AVENUE CITY-ST-ZIP MIAMI FL 33056	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME CAMPBELL, EARLINE G STREET ADDRESS 1301 NW 133RD STREET CITY-ST-ZIP MIAMI FL 33164	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Graciela Cheryl Dalrymple

4/15/06