

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

04-03-2007 90112 001 ****61.25

04-03-2007 90112 002 *****8.75

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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

DO NOT WRITE IN THIS SPACE



05032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0746662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DALRYMPLE, CHERYL
18610 NW 8TH AVE
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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

Graciela Dalrymple
Signature, typed or printed name of registered agent and title if applicable.

Graciela Dalrymple
(NOTE: Registered Agent signature required when reinstating)

1-14-07
DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SELBY, ELENA
7904 EMBASSY BLVD.
MIRAMAR, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DALRYMPLE, CHERYL
18610 NW 8TH AVENUE
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SAMUELS, AGATHA
520 NW 157TH STREET
MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LENDOR, MARILYN
971 SW 101ST TERRACE
PEMBROKE PINES, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ST LOUIS, YVONNE
19201 NW 22ND AVENUE
MIAMI, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CAMPBELL, EARLINE G
1301 NW 133RD STREET
MIAMI, FL 33164

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Dalrymple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #