

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001894

FILED  
Jun 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

18610 NW 8TH AVE  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

18610 NW 8TH AVE  
MIAMI, FL 33169 US

**New Mailing Address:**

**FEI Number:** 65-0746662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DALRYMPLE, CHERYL  
18610 NW 8TH AVE  
MIAMI, FL 33169 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: DV ( ) Delete  
Name: SELBY, ELENA  
Address: 7904 EMBASSY BLVD.  
City-St-Zip: MIRAMAR, FL 33023

Title: DP ( ) Delete  
Name: DALRYMPLE, CHERYL  
Address: 18610 NW 8TH AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: DS ( ) Delete  
Name: SAMUELS, AGATHA  
Address: 520 NW 157TH STREET  
City-St-Zip: MIAMI, FL 33169

Title: DT ( ) Delete  
Name: LENDOR, MARILYN  
Address: 971 SW 101ST TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: T ( ) Delete  
Name: ST LOUIS, YVONNE  
Address: 19201 NW 22ND AVENUE  
City-St-Zip: MIAMI, FL 33056

Title: T ( ) Delete  
Name: CAMPBELL, EARLINE G  
Address: 1301 NW 133RD STREET  
City-St-Zip: MIAMI, FL 33164

**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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 exemption stated 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 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: CHERYL DALRYMPLE

DP

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date