## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001894

FILED Apr 15, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

18610 NW 8TH AVE MIAMI, FL 33169 US

Current Mailing Address: New Mailing Address:

18610 NW 8TH AVE MIAMI, FL 33169 US

FEI Number: 65-0746662 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DALRYMPLE, CHERYL

18610 NW 8TH AVE

MIAMI, FL 33169 US

CUMBERBATCH, CAROL

9760 GLACIER DR

MIRIMAR, FL 33025 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: CAROL CUMBERBATCH 04/15/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DV

Name: PEREZ, MAVIS

Address: 2813 EAST LEXINGTON DR City-St-Zip: MIRAMAR, FL 33025

Title: DP

Name: CUMBERBATCH, CAROL Address: 9760 GLACIER DR City-St-Zip: MIRIMAR, FL 33025

Title: DS

 Name:
 SAMUELS, AGATHA

 Address:
 520 NW 157TH STREET

 City-St-Zip:
 MIAMI, FL 33169

Title: DT

 Name:
 MAYERS, KAVEN

 Address:
 3833 SW 164 TERRACE

 City-St-Zip:
 MIRIMAR, FL 33027

Title:

Name: GABRIEL, BRENDA Address: 3961 NW 207 DR City-St-Zip: MIAMI, FL 33055

Title:

 Name:
 SIMMONS, GRACE G

 Address:
 4 NE 205 TER

 City-St-Zip:
 MIAMI, FL 33179

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: CAROL CUMBERBATCH DP 04/15/2010