

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002481

FILED
May 20, 2009
Secretary of State

Entity Name: NICARAGUAN AMERICAN NURSES ASSOCIATION, INC.

Current Principal Place of Business:

1880 NW 183RD ST.
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

1880 NW 183RD ST.
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

SMITH, NORMA
3300 NW 200TH ST
MIAMI GARDENS, FL 33056 US

Name and Address of New Registered Agent:

BLANDFORD, ALICE
333 W. AZTEC AVE.
CLEWISTON, FL 33440 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: ALICE BLANDFORD

05/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLANDFORD, ALICE
Address: 333 W. AZTEC AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: VSD () Delete
Name: ELLIS, DERRYL
Address: 4821 SW 153RD TERR
City-St-Zip: MIRAMAR, FL 33027

Title: TD () Delete
Name: SCHROEDER, MAJORIE
Address: 2550 ALCAZAR DR
City-St-Zip: MIRAMAR, FL 33023

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:

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: ALICE BLANDFORD

PD

05/20/2009

Electronic Signature of Signing Officer or Director

Date