
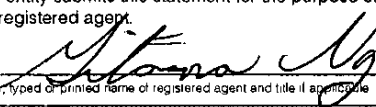
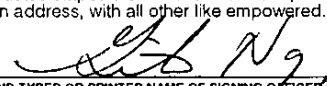


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90248 022 ****61.25

DOCUMENT # N98000004355			
1. Entity Name THE CARIBBEAN NURSES ASSOCIATION OF THE TREASURE COAST, INC.			
Principal Place of Business 675 S.E. STOW TERRACE PORT SAINT LUCIE FL 34984		Mailing Address P.O. BOX 8531 PORT SAINT LUCIE FL 34985	
2. Principal Place of Business		3. Mailing Address P.O. Box 8531	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Port St Lucie, FL	
Zip	Country	Zip 34985-8531	Country
6. Name and Address of Current Registered Agent STEPHENS, JOSEPHINE 675 S.E. STOW TERRACE PORT SAINT LUCIE FL 34984		7. Name and Address of New Registered Agent Name Gitana Ng Street Address (P.O. Box Number is Not Acceptable) 3318 SW Blue Court City Port St Lucie FL Zip Code 34984	
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 reinstating) 3/6/05			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, ALDENE CODLING 1337 S.E. PROCTOR LN PORT ST LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUGUSTINE, LEASER 2430 SE TOLEDO AVE PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEPHENS, JOSEPHINE 675 SE STOW TERR PORT ST LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMALL, PAULINE 515 NW AVOON AVE PORT SAINT LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, HEATHER GHENT 1766 S.W. BUTTER CUP AVE PORT SAINT LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NG, GITANA 367 S.W. MAJESTIC TERR PORT SAINT LUCIE FL 34984 <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 exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0719929** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required