

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004355

FILED
Sep 07, 2006
Secretary of State

Entity Name: THE CARIBBEAN NURSES ASSOCIATION OF THE TREASURE COAST, INC.

Current Principal Place of Business:

675 S.E. STOW TERRACE
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8531
PORT SAINT LUCIE, FL 34985

New Mailing Address:

FEI Number: 65-0719929 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

NG, GITANA
3348 SW BLUE COURT
PORT SAINT LUCIE, FL 34984 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: SD () Delete
Name: WILLIAMS, ALDENE CODLING
Address: 1337 S.E PROCTOR LN
City-St-Zip: PORT ST LUCIE, FL 34984

Title: TD () Delete
Name: AUGUSTINE, LEASER
Address: 2430 SE TOLEDO AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DP () Delete
Name: STEPHENS, JOSEPHINE
Address: 675 SE STOW TERR
City-St-Zip: PORT ST LUCIE, FL 34984

Title: SD () Delete
Name: SMALL, PAULINE
Address: 515 NW AVOON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD () Delete
Name: LEWIS, HEATHER GHENT
Address: 1766 S.W. BUTTER CUP AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SD () Delete
Name: NG, GITANA
Address: 367 S.W. MAJESTIC TERR
City-St-Zip: PORT SAINT LUCIE, FL 34984

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 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: GITANA NG

P

09/07/2006

Electronic Signature of Signing Officer or Director

Date