

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004355

FILED  
Apr 03, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3912 S.W. LEASBURG STREET  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

3912 S.W. LEESBURG STREET  
PORT SAINT LUCIE, FL 34953

**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 ( )**

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

CODLING, ALDENE MRS  
3912 S.W. LEASBURG STREET  
PORT SAINT LUCIE, FL 34953 US

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

CODLING, ALDENE MRS  
3912 S.W. LEESBURG STREET  
PORT SAINT LUCIE, FL 34953 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:

04/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PR  
Name: WILLIAMS, ALDENE CODLING  
Address: 3912 S.W. LEESBURG STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TR  
Name: DUVALSAINT, CARMEL  
Address: 6744 N.W. DAFFODIL LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP  
Name: SMALL, PAULINE  
Address: 515 NW AVON AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: SEC  
Name: REID, MARCIA  
Address: 3801 NW LACHINE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: AT  
Name: STEPHENS, JOSEPHINE  
Address: 675 SE STOW TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: SP  
Name: KENTON, EUTHEMIA  
Address: 5299 NW SOUTH DELWOOD DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: ALDENE CODLING

PRES

04/03/2010

Electronic Signature of Signing Officer or Director

Date