

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004355

FILED
Apr 17, 2011
Secretary of State

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

Current Principal Place of Business:

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

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 ()

Name and Address of Current Registered Agent:

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

Title: TR
Name: GHENT, HEATHER
Address: 1766 SW BUTTERCUP AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP
Name: JOHNSTON, CLAUDETTE
Address: 2637 SW IMPORT DRIVE
City-St-Zip: PORT ST LUCIE, FL 34987

Title: SEC
Name: JENKINS, DEBRA
Address: 1708 SW IMPORT DRIVE
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

PR

04/17/2011

Electronic Signature of Signing Officer or Director

Date