2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2025
Secretary of State
8703559960CC

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Entity Name: HAITIAN ALLIANCE NURSES ASSOCIATION INTERNATIONAL, INC.

Current Principal Place of Business:

666 NE 125TH STREET SUITE 238
NORTH MIAMI, FL 33161

Current Mailing Address:

P.O. BOX 695069
MIAMI, FL 33269 US

FEI Number: 82-4153521

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOUIS-MAGISTE, PAULINE MSN-ED, RN
21060 N MIAMI AVE
MIAMI, FL 33169 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: PAULINE LOUIS-MAGISTE 01/04/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	MARIE E. HYPPOLITE, MSN, RN, D.MIN (HC)
Address	666 NE 125TH STREET 238
City-State-Zip:	NORTH MIAMI FL 33161

Title	2ND VICE PRESIDENT
Name	MARSHA ELOI
Address	666 NE 125TH STREET 238
City-State-Zip:	NORTH MIAMI FL 33161

Title	ASST. TREASURER
Name	MARIE SOLANGES PIARD
Address	110-42 172ND STREET
City-State-Zip:	JAMAICA NY 11433

Title	PARLIAMENTARIAN
Name	SYKES, BIBIANE MSNED, RN, LNC
Address	8 CARBERY COURT
City-State-Zip:	POMONA NY 10970

Title	1ST VICE PRESIDENT
Name	PATRICIA NABAL, DNP, BS, APRN, FNP, RN-BC
Address	9104 S. EMERALD AVENUE
City-State-Zip:	CHICAGO IL 60620

Title	TREASURER
Name	PAULINE LOUIS-MAGISTE, MSN-ED, RN
Address	21060 N MIAMI AVE
City-State-Zip:	MIAMI FL 33169

Title	CORRESPONDING SECRETARY
Name	CAROLINE ELISTIN, DNP, MSN-ED, APRN, FNP-BC, PMHNP-BC, MBA
Address	666 NE 125TH STREET 238
City-State-Zip:	NORTH MIAMI FL 33161

Title	PARLIAMENTARIAN
Name	ORISTEL , KELYNNE J RN-BC, GNP, APRN-BC, D. M
Address	901 CLASSON AVENUE 229
City-State-Zip:	BROOKLYN NY 11225

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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: PAULINE LOUIS-MAGISTE TREASURER 01/04/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	CEUS ILOANYA, FANETTE BSN, RN
Address	666 NE 125TH STREET 238
City-State-Zip:	NORTH MIAMI FL 33161

Title	SECRETARY
Name	AUGUSTIN, CHRISTEL-ANN MSN, APRN, FNP-BC
Address	2 DICKENS STREET
City-State-Zip:	STONY POINT NY 10980

Title	HISTORIAN
Name	SAINTILIEN , MICHELLE MSN, BSN, RN
Address	666 NE 125ST STREET 238
City-State-Zip:	NORTH MIAMI FL 33161