2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90268 040 ****61.25

DOCUMENT # N00000001920

1. Entity Name
PHILIPPINE NURSES ASSOCIATION OF GULFCOAST FLORIDA, INC.

Principal Place of Business
2951 EAGLES NEST DRIVE
PALM HARBOR, FL 34683

Mailing Address
2951 EAGLES NEST DRIVE
PALM HARBOR, FL 34683

2. Principal Place of Business: 1728 31st Ave No.
Suite, Apt. #, etc.
City & State: St. Petersburg, Fl.
Zip: 33713 Country: USA

3. Mailing Address: 1728 31st Ave No.
Suite, Apt. #, etc.
City & State: St. Petersburg Fl.
Zip: 33713 Country: USA

04102004 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-3617815 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
POLLACK, LOLITA
3719 ODOM DR
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent
Name: Orpha Ale Mineque
Street Address (P.O. Box Number is Not Acceptable): 1728 31st Ave No.
City: St. Petersburg FL Zip Code: 33713

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: Oamineque DATE: 4/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ☑ Delete	TITLE	President ☑ Change ☐ Addition
NAME	RAVI, TITA	NAME	Alma Bacalan Asuncion
STREET ADDRESS	2951 EAGLES NEST DRIVE	STREET ADDRESS	8249 44th St. No.
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	Pinellas Park Fl. 33781
TITLE	D ☑ Delete	TITLE	President Elect ☑ Change ☐ Addition
NAME	ESTAMPADOR, ESTHER	NAME	Medina Madrinan
STREET ADDRESS	2951 EAGLES NEST DRIVE	STREET ADDRESS	12453 81st Ct. No.
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	Seminole, Fl. 33772
TITLE	D ☑ Delete	TITLE	Secretary ☑ Change ☐ Addition
NAME	S-MEDENILLA, CECILE	NAME	Janella Puyot
STREET ADDRESS	2951 EAGLES NEST DRIVE	STREET ADDRESS	3940 7th Ave No.
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	St. Petersburg, Fl. 33713
TITLE	D ☑ Delete	TITLE	Treasurer ☑ Change ☐ Addition
NAME	LEWIS, MERLE	NAME	Adelwisa Baker
STREET ADDRESS	2951 EAGLES NEST DRIVE	STREET ADDRESS	10301 Widgeon Way
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	New Port Richey, Fl. 34654
TITLE	D ☑ Delete	TITLE	Corresponding Secretary ☑ Change ☐ Addition
NAME	NAVARRO, MA J	NAME	→ same Orpha Ale Mineque
STREET ADDRESS	2951 EAGLES NEST DRIVE	STREET ADDRESS	1728 31st Ave No
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	St. Petersburg Fl. 33713
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SANTOS, MERLY	NAME	→ same
STREET ADDRESS	2951 EAGLES NEST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	

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: Oamineque Orpha Ale Mineque 4/10/04 (727) 822-9161 or (727) 460-1727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #