

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2005
Secretary of State**

DOCUMENT# N00000001920

Entity Name: PHILIPPINE NURSES ASSOCIATION OF GULF COAST FLORIDA, INC.

Current Principal Place of Business:

1728 31ST AVE NO
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

1728 31ST AVE NO
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-3617815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINEQUE, ORPHA ALE
1728 31ST AVE NO
SAINT PETERSBURG, FL 33713 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: P () Delete
Name: ASUNEION, ALMA B
Address: 8249 44TH ST NO
City-St-Zip: PINELLAS PARK, FL 33781

Title: P () Delete
Name: MADRINAN, MEDINA
Address: 12453 81ST CT NO
City-St-Zip: SEMINOLE, FL 33772

Title: S () Delete
Name: PUYOT, JANELLA
Address: 2940 7TH AVE NO
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T () Delete
Name: BAKER, ADELUISA
Address: 10301 WIDGEON WAY
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: CS () Delete
Name: MINEQUE, ORPHA ALE
Address: 1728 31ST AVE NO
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D () Delete
Name: SANTOS, MERLY
Address: 2951 EAGLES NEST DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASUNCION, ALMA B
Address: 8249 44TH ST NO
City-St-Zip: PINELLAS PARK, FL 33781

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BAKER, ADELWISA
Address: 10301 WIDGEON WAY
City-St-Zip: NEW PORT RICHEY, FL 34654

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 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 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: ORPHA ALE MINEQUE

CS

02/23/2005

Electronic Signature of Signing Officer or Director

Date