

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001920

FILED
Mar 13, 2009
Secretary of State

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

Current Principal Place of Business:

12325 70TH ST. NO.
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

12325 70TH ST. NO.
LARGO, FL 33773

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
12325 70TH ST NO.
LARGO, FL 33773 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: ORPHA, ALE M
Address: 12325 70TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: VP () Delete
Name: POLLACK, LOLITA
Address: 3719 ODOM DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: PUYOT, JANELLA
Address: 2940 7TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

Title: T () Delete
Name: RENEGAR, ELDA FLOR
Address: 1557 ROBINSON DRIVE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: BM () Delete
Name: MADRINAN, MEDEN
Address: 12453 81ST CT
City-St-Zip: SEMINOLE, FL 33772

Title: ADV () Delete
Name: SANTOS, MERLY
Address: 40401 SAVAGE CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

PRES

03/13/2009

Date