

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001920

FILED  
Mar 24, 2011  
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: BM  
Name: ORPHA, ALE M  
Address: 12325 70TH STREET NORTH  
City-St-Zip: LARGO, FL 33773

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

Title: P  
Name: SANTOS, ESMERALDA  
Address: 2717 BRINLEY DRIVE  
City-St-Zip: TRINITY, FL 34655

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

Title: BM  
Name: MADRINAN, MEDINA  
Address: 12453 81ST CT  
City-St-Zip: SEMINOLE, FL 33772

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

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: ORPHA ALE MINEQUE

BM

03/24/2011

Electronic Signature of Signing Officer or Director

Date