2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# N04000011489

Entity Name: FEU NURSING ALUMNI ASSOCIATION, FLORIDA CHAPTER INC.

Current Principal Place of Business:

12954 FARMINGTON TRAIL
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

12954 FARMINGTON TRAIL
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 59-3498391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LALOG, JOSE O JR.
90 BRONSON LANE
PALM COAST, FL 32137 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: OCAMPO, URCENA E
Address: 12954 FARMINGTON TRAIL
City-St-Zip: SEMINOLE, FL 33776

Title: V ( ) Delete
Name: ZARAGOZA, OFELIA A
Address: 2130 ANTILLES CT.
City-St-Zip: JACKSONVILLE, FL 32216

Title: S ( ) Delete
Name: FLORESCA, CHE G
Address: 1486 SILVER BELL LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: S ( ) Delete
Name: MOLAS, PRISCILLA B
Address: 10920 SW 117 PL.
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete
Name: DALMACIO, MARITES M
Address: 721 THORNRIDGE AVE.
City-St-Zip: DAVIE, FL 33325

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:

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: URCENA E. OCAMPO P 04/04/2005

Electronic Signature of Signing Officer or Director — Date