

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011489

FILED
Mar 24, 2006
Secretary of State

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:

17056 NW 16TH STREET
PEMBROKE PINES, FL 33028

Current Mailing Address:

12954 FARMINGTON TRAIL
SEMINOLE, FL 33776

New Mailing Address:

17056 NW 16TH STREET
PEMBROKE PINES, FL 33028

FEI Number: 59-3498391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 THORNBRIDGE AVE.
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KE, GENY P
Address: 17056 NW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V (X) Change () Addition
Name: IBAY, MAX
Address: 6556 NW 170TH TERRACE
City-St-Zip: MIAMI, FL 33015

Title: S (X) Change () Addition
Name: SIBUCAO, MARISSA
Address: 1938 NW 74 AVE.
City-St-Zip: PEMBROKE PINES, FL 33024

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 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: JOSE O LALOG, JR.

RA

03/24/2006

Electronic Signature of Signing Officer or Director

Date