

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001920

Entity Name: PHILIPPINE NURSES ASSOCIATION OF GULFCOAST FLORIDA, INC.**FILED**
Apr 03, 2019
Secretary of State
2526454320CC**Current Principal Place of Business:**2940 7 AVENUE NORTH
ST. PETERSBURG, FL 33713**Current Mailing Address:**2940 7 AVENUE NORTH
ST. PETERSBURG, FL 33713 US**FEI Number: 59-3617815****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PUYOT, JANELLA
2940 7 AVENUE NORTH
ST. PETERSBURG, FL 33713 US*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:** JANELLA PUYOT**04/03/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREA
Name	MEDALLE, LAURA
Address	3756 GRAHAM COURT
City-State-Zip:	PALM HARBOR FL 34684

Title	SEC
Name	BALDERAMA, MILDRETH
Address	6310 CEDARBROOK DRIVE
City-State-Zip:	PINELLAS PARK FL 33782

Title	S
Name	STUCK, GINA
Address	1800 13TH AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33713

Title	P
Name	PUYOT, JANELLA
Address	2940 7 AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33713

Title	AUDITOR
Name	TOLENTINO, CESAR
Address	12446 ROSELAND DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	VP
Name	TOLENTINO, BARBARA
Address	12446 ROSELAND DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34654

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: CESAR TOLENTINO**AUDITOR****04/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date