

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008810

**FILED**  
**Feb 05, 2021**  
**Secretary of State**  
**9516331505CC**

**Entity Name:** PHILIPPINE NURSES ASSOCIATION OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

4434 ARCH CREEK DRIVE  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

4434 ARCH STREET DRIVE  
JACKSONVILLE, FL 32257 US

**FEI Number:** 20-1392762

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIO, GERMINA  
2343 HUCKINS CT  
JACKSONVILLE, FL 32225 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:** GERMINA RIO

02/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name CUARESMA, ANTONINA  
Address 245 COCKATIEL DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title VP  
Name VILLANUEVA, EDNA  
Address 8654 CANOPY OAKS DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name MERZA, EDNA  
Address 4924 REED ISLAND TRAIL  
City-State-Zip: JACKSONVILLE FL 32225

Title PRESIDENT  
Name VIRAY, DAPHNE  
Address 4434 ARCH CREEK DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

Title ADVISOR  
Name CUEVAS, LILIBETH  
Address 9380 TRAMORE GLEN CT  
City-State-Zip: JACKSONVILLE FL 32256

Title ADVISOR  
Name CALLAO, VELIA  
Address 8321 PEPPERWOOD DRIVE  
City-State-Zip: JACKSONVILLE FL 32244

Title ADVISOR  
Name DEVERA, ROMY  
Address 13109 AEGEAN DRIVE  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT ELECT  
Name RICE, JUSIL  
Address 8550 TOUCHTON RD EAST  
UNIT 217  
City-State-Zip: JACKSONVILLE FL 32216

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*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:** GERMINA RIO

ADVISOR, PAST PRES

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           ADVISOR, IMMEDIATE PAST PRESIDENT  
Name           RIO, GERMINA  
Address        2343 HUCKINS CT  
City-State-Zip: JACKSONVILLE FL 32225

Title           SECRETARY  
Name           CANLAS, SHALLAINE  
Address        14567 TRANQUILITY CREEK DRIVE  
City-State-Zip: JACKSONVILLE FL 32226