

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

DOCUMENT# N04000008810

**Entity Name:** PHILIPPINE NURSES ASSOCIATION OF NORTHEAST FLORIDA, INC.**FILED**  
**Feb 05, 2021**  
**Secretary of State**  
**9516331505CC****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**Continues on page 2**

*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: JACKSONVILE FL 32226