

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008810

**Entity Name:** PHILIPPINE NURSES ASSOCIATION OF NORTHEAST FLORIDA, INC.**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC5765760130****Current Principal Place of Business:**9380 TRAMORE GLEN COURT  
JACKSONVILLE, FL 32256**Current Mailing Address:**9380 TRAMORE GLEN COURT  
JACKSONVILLE, FL 32256 US**FEI Number: 20-1392762****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CUEVAS, LILIBETH TULANG  
9380 TRAMORE GLEN COURT  
JACKSONVILLE, FL 32256 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: DAPHNE A. VIRAY****02/09/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	CUEVAS, LILIBETH TULANG
Address	9380 TRAMORE GLEN COURT
City-State-Zip:	JACKSONVILLE FL 32256

Title	V
Name	JOCSON, TERESITA
Address	4356 BERGHLEY COURT SOUTH
City-State-Zip:	JACKSONVILLE FL 32257

Title	V
Name	SACAYANAN, GIL
Address	2214 MANDY LAKES COURT
City-State-Zip:	JACKSONVILLE FL 32221

Title	S
Name	NAVARRO, RYAN
Address	8643 HUNTERS CREEK DRIVE S
City-State-Zip:	JACKSONVILLE FL 32256

Title	T
Name	RICE, JUSIL
Address	7004 SAN SEBASTIAN AVE
City-State-Zip:	JACKSONVILLE FL 32217

Title	A
Name	CARVAJAL, LINA
Address	6304 WEDMRE ROAD
City-State-Zip:	JACKSONVILLE FL 32244

Title	PRESIDENT ELECT & ADVISOR
Name	RIO, GERMINA
Address	2343 HUCKINS COURT
City-State-Zip:	JACKSONVILLE FL 32257

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

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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: LILIBETH TULANG CUEVAS****MSN, APRN, FNP, BC****02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title           ADVISOR  
Name           DEVERA, ROMY  
Address        1176 IRWIN MANOR DRIVE  
City-State-Zip: JACKSONVILLE FL 32246