

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008810

**Entity Name:** PHILIPPINE NURSES ASSOCIATION OF NORTHEAST FLORIDA, INC.**FILED**  
**Jan 27, 2019**  
**Secretary of State**  
**0289855870CC****Current Principal Place of Business:**2343 HUCKINS CT  
JACKSONVILLE, FL 32225**Current Mailing Address:**2343 HUCKINS CT  
JACKSONVILLE, FL 32225 US**FEI Number:** 20-1392762**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RIO, GERMINA EMILY  
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 EMILY RIO

01/27/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	RIO, GERMINA EMILY
Address	2343 HUCKINS CT
City-State-Zip:	JACKSONVILLE FL 32225

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

Title	V
Name	HILL, ROSABEL
Address	1693 TIMBER CROSSING LANE
City-State-Zip:	JACKSONVILLE FL 32225

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

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

Title	A
Name	PRIDHAM, DIVINA
Address	10612 FORT CAROLINE RD
City-State-Zip:	JACKSONVILLE FL 32225

Title	PRESIDENT ELECT & ADVISOR
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

**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 EMILY R. RIO**PRESIDENT**

01/27/2019

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        13109 AEGEAN DRIVE  
City-State-Zip: JACKSONVILLE FL 32246