

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011489

**Entity Name:** FEU NURSING ALUMNI FOUNDATION, FLORIDA CHAPTER, INC.**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**1185728419CC****Current Principal Place of Business:**10920 SW 117TH PL  
MIAMI, FL 33186**Current Mailing Address:**10920 SW 117TH PL  
MIAMI, FL 33186 US**FEI Number: 26-1444299****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LALOG, JOSE OJR.  
90 BRONSON LANE  
PALM COAST, FL 32137 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |                 |                         |
|-----------------|----------------------|-----------------|-------------------------|
| Title           | P                    | Title           | OTHER                   |
| Name            | MOLAS, PRISCILLA     | Name            | SIBUCAO, MARISSA        |
| Address         | 10920 SW 117TH PL    | Address         | 1938 NW 74TH AV         |
| City-State-Zip: | MIAMI FL 33186       | City-State-Zip: | PEMBROKE PINES FL 33024 |
| Title           | SECRETARY            | Title           | TREASURER               |
| Name            | LIMPIOSO, EDITA      | Name            | PANALIGAN-KE, GENY      |
| Address         | 3920 SW 149TH TERR   | Address         | 17056 NW 16TH ST        |
| City-State-Zip: | MIRAMAR FL 33027     | City-State-Zip: | PEMBROKE PINES FL 33028 |
| Title           | ADVISER              |                 |                         |
| Name            | KAPADIA, MARIANE     |                 |                         |
| Address         | 2805 GARDEN DR       |                 |                         |
| City-State-Zip: | COOPER CITY FL 33026 |                 |                         |

*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: GENY PANALIGAN-KE****ADVISER TREASURER****04/29/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date