

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011489

Entity Name: FEU NURSING ALUMNI FOUNDATION, FLORIDA CHAPTER, INC.**FILED**
Apr 25, 2016
Secretary of State
CC6769608591**Current Principal Place of Business:**2805 GARDEN DR
COOPER CITY, FL 33026**Current Mailing Address:**2805 GARDEN DR
COOPER CITY, FL 33026 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
Name	KAPADIA, MARIANE
Address	2805 GARDEN DR
City-State-Zip:	COOPER CITY FL 33026

Title	PRESIDENT-ELECT
Name	LIMPIOSO, EDITA
Address	3920 SW 149TH TERR
City-State-Zip:	MIRAMAR FL 33027

Title	VP
Name	MOLAS, PRISCILA
Address	10920 SW 117 PL
City-State-Zip:	MIAMI FL 33186

Title	S
Name	GARCIA, ISABEL
Address	6830 SUGARBUSH DR
City-State-Zip:	ORLANDO FL 32819

Title	TREASURER
Name	MURRAY, SONIA
Address	2371 SW 180TH AVE
City-State-Zip:	MIRAMAR FL 33029

Title	ADVISER
Name	PANALIGAN-KE, GENY
Address	17056 NW 16TH ST
City-State-Zip:	PEMBROKE PINES FL 33028

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****04/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date