

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011489

Entity Name: FEU NURSING ALUMNI FOUNDATION, FLORIDA CHAPTER, INC.**FILED**
Jun 30, 2020
Secretary of State
1256142488CC**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**TREASURER****06/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date