

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011489

Entity Name: FEU NURSING ALUMNI FOUNDATION, FLORIDA CHAPTER, INC.**FILED**
Apr 30, 2025
Secretary of State
6822801821CC**Current Principal Place of Business:**1841 SW 131ST TERR
DAVIE, FL 33325**Current Mailing Address:**1841 SW 131ST TERR
DAVIE, FL 33325 US**FEI Number: 26-1444299****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PANALIGAN-KE, GENY
17056 NW 16TH ST
PEMBROKE PINES, FL 33028 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:** GENY PANALIGAN-KE**04/30/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SIBUCAO, MARISSA
Address	1841 SW 131ST TERR
City-State-Zip:	DAVIE FL 33325

Title	OTHER
Name	MOLAS, PRISCILLA
Address	10920 SW 117TH PL
City-State-Zip:	MIAMI FL 33186

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

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

Title	ADVISER
Name	KAPADIA, MARIANE
Address	2805 GARDEN DR
City-State-Zip:	COOPER CITY FL 33026

Title	ATREAS
Name	MURRAY, SONIA
Address	1300 SW 125TH AVE APT 401K
City-State-Zip:	PEMBROKE PINES FL 33027

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/ADVISER****04/30/2025**

Electronic Signature of Signing Officer/Director Detail

Date