

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008324

Entity Name: PHILIPPINE AMERICAN ALLIANCE OF NORTH AMERICA, INC.**Current Principal Place of Business:**8522 NW 35 ROAD
GAINESVILLE, FL 32606**Current Mailing Address:**P.O. BOX 358212
GAINESVILLE, FL 32635 US**FEI Number:** 46-0924376**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IZON, ANGELITO`
8522 NW 35TH ROAD
GAINESVILLE, FL 32606 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	BOARD OF DIRECTOR
Name	IZON, ANGELITO
Address	8522 NW 35TH ROAD
City-State-Zip:	GAINESVILLE FL 32606

Title	BOD
Name	NOHAY, LULU
Address	7802 SW 84TH PLACE
City-State-Zip:	GAINESVILLE FL 32608

Title	BOD
Name	PALCE, NIEL
Address	P.O. BOX 358212
City-State-Zip:	GAINESVILLE FL 32635

Title	AUDITOR
Name	PANGANIBAN, ERWIN
Address	P.O. BOX 358212
City-State-Zip:	GAINESVILLE FL 32635

Title	BOD
Name	ROMARAOG, JAY
Address	P.O. BOX 358212
City-State-Zip:	GAINESVILLE FL 32635

Title	PRO/PDO
Name	EVANGELISTA, NOEMI
Address	P.O. BOX 358212
City-State-Zip:	GAINESVILLE FL 32635

Title	BOD
Name	VALENCIA, JEROME
Address	P.O. BOX 358212
City-State-Zip:	GAINESVILLE FL 32635

Title	BOD
Name	DELOS SANTOS, JOMARI
Address	P.O. BOX 358212
City-State-Zip:	GAINESVILLE FL 32635

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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: ANGELITO IZON**DIRECTOR****04/25/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title BOD
Name GAMAD, NICK
Address P.O.BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title BOD
Name JUBAY, MITCHEL
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title SECRETARY
Name SUATARON-ARANDIA, AZEL
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title BOD
Name DE LA CRUZ, DARNEL
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title BOD
Name ACUNA, KARL
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title TREASURER
Name DELA CRUZ, NORA
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635