

2019 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 PRESIDENT
Name ANGELES, MELODY ANN
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title VP/FINANCE
Name PALCE, NEIL
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

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

Title VP/PROGRAMS & PROJECTS
Name JUBAY , MITCHEL
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title SECRETARY
Name ANONUEVO, JENNIFER
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 PRO/COMMUNICATIONS
Name ROMARAOG, JAY
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title BOD CHAIRMAN
Name IZON, ANGELITO
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****04/23/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title BOARD MEMBER
Name MCGLYNN, DADA
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title BOARD MEMBER
Name FLORES, COSETTE
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title BOARD MEMBER
Name LIM, DUKE
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title BOARD MEMBER
Name MADAMBA, JOHNJOHN
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title BOARD MEMBER
Name CAMPOMANES , BENJAMIN
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title BOARD MEMBER
Name FLORIDA, BUTCH
Address P.O. BOX 358212
City-State-Zip: GAINESVILLE FL 32635