

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000007376

FILED
May 04, 2020
Secretary of State
1729330639CC

Entity Name: PHILIPPINE MEDICAL SOCIETY AUXILIARY OF FLORIDA, INC.

Current Principal Place of Business:

5016 DORMAN RD.
LAKELAND, FL 33813

Current Mailing Address:

5016 DORMAN RD.
LAKELAND, FL 33813

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVIOR, AILEEN
1905 W. BUSCH BLVD.
TAMPA, FL 33612 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: AILEEN ALVIOR

05/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ALVIOR, AILEEN
Address 1905 W. BUSCH BLVD.
City-State-Zip: TAMPA FL 33612

Title VP
Name BATAS, LIZZA J
Address 1401 BAYSHORE BLVD.
City-State-Zip: TAMPA FL 33606

Title TRESURER
Name MENDOZA, FLORINDA
Address 13905 CAPTAIN' REEF CT.
City-State-Zip: TAMPA FL 33624

Title SECRETARY
Name RAVI, TITA E
Address 3637 FAIRWAY FOREST CIRCLE
City-State-Zip: PALM HARBOR FL 34685

Title AS
Name SANTA MARIA, TERESA
Address 934 ALLEGRO LANE
City-State-Zip: APOLLO BEACH FL 33572

Title AUDITOR
Name ESPIRITU, LOIDA
Address 901 ST. ANNE'S COURT
City-State-Zip: TARPON SPRINGS FL 34688

Title PR OFFICER
Name AQUI, AGNES
Address 5427 KINGSMONT DR.
City-State-Zip: LAKELAND FL 33813

Title PR OFFICER
Name TICZON, FELILIA
Address 9615 ORANGE JASMINE WAY
City-State-Zip: TAMPA FL 33647

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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: AILEEN ALVIOR

PRESIDENT

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title IMMEDIATE PAST PRESIDENT
Name RAMOS, EDNA C
Address 5016 DORMAN RD.
City-State-Zip: LAKELAND FL 33813

Title ADVISER
Name NUNAG, BEATRIZ
Address 10222 YALE AVE
City-State-Zip: BROOKSVILLE FL 34613

Title ADVISER
Name DY, ROSEMARIE S
Address CHATEAU
City-State-Zip: TARPON SPRINGS FL 34688