

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000000688

**Entity Name:** PAMANA OF GAINESVILLE, INC.**Current Principal Place of Business:**8522 NW 35TH RD.  
GAINESVILLE, FL 32606**Current Mailing Address:**PO BOX 358212  
GAINESVILLE, FL 32635 US**FEI Number:** 84-4049542**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IZON, ANGELITO  
8522 NW 35TH RD.  
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 CHAIRMAN BOT  
Name ANGELES, MELODY  
Address PO BOX 358212  
City-State-Zip: GAINESVILLE FL 32635

Title VP FOR MEMBESHIP  
Name ANUNUEVO, JENNIFER  
Address PO BOX 358212  
City-State-Zip: GAINESVILLE FL 32635

Title PRO  
Name PALCE, NEIL  
Address PO BOX 358212  
City-State-Zip: GAINESVILLE FL 32635

Title VP FOR FINANCE  
Name ROMARAOG, JAY  
Address PO BOX 358212  
City-State-Zip: GAINESVILLE FL 32635

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

Title EMERITUS CHAIRMAN  
Name IZON, ANGELITO  
Address PO BOX 358212  
City-State-Zip: GAINESVILLE FL 32635

Title PRESIDENT  
Name GAMAD, NICK  
Address PO BOX 358212  
City-State-Zip: GAINESVILLE FL 32635

Title TREASURER  
Name JUBAY, MITCHEL  
Address PO 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

EMERITUS CHAIRMAN

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VICE CHAIRMAN, BOT  
Name VALENCIA, JEROME  
Address PO BOX 35812  
City-State-Zip: GAINESVILLE FL 32635

Title BOARD OF TRUSTEE  
Name FLORES, COSSETTE  
Address PO BOX 35812  
City-State-Zip: GAINESVILLE FL 32635

Title SECRETARY  
Name NOHAY, LULU  
Address PO BOX 358212  
City-State-Zip: GAINESVILLE FL 32635

Title BOARD OF TRUSTEE  
Name FLORIDA, BUTCH  
Address PO BOX 35812  
City-State-Zip: GAINESVILLE FL 32635

Title BOARD OF TRUSTEE  
Name MCGLYNN, DADA  
Address PO BOX 35812  
City-State-Zip: GAINESVILLE FL 32635

Title BOARD OF TRUSTEE  
Name LIM, DUKE  
Address PO BOX 35812  
City-State-Zip: GAINESVILLE FL 32635

Title BOARD OF TRUSTEE  
Name CAMPOMANES, BENJAMIN  
Address PO BOX 35812  
City-State-Zip: GAINESVILLE FL 32635

Title VP FOR PROJECT  
Name CAPUNGAN, DANTE  
Address PO BOX 358212  
City-State-Zip: GAINESVILLE FL