

2020 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 35812
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 PRESIDENT
Name ANGELES, MELODY
Address PO BOX 358212
City-State-Zip: GAINESVILLE FL 32635

Title SECRETARY
Name ANUNUEVO, JENNIFER
Address PO BOX 35812
City-State-Zip: GAINESVILLE FL 32635

Title VP/FINANCE
Name PALCE, NEIL
Address PO BOX 35812
City-State-Zip: GAINESVILLE FL 32635

Title PRO/COMMUNICATIONS
Name ROMARAOG, JAY
Address PO BOX 35812
City-State-Zip: GAINESVILLE FL 32635

Title AUDITOR
Name PANGANIBAN, ERWIN
Address PO BOX 35812
City-State-Zip: GAINESVILLE FL 32635

Title CHAIRMAN
Name IZON, ANGELITO
Address PO BOX 35812
City-State-Zip: GAINESVILLE FL 32635

Title VP/MEMBERSHIP
Name GAMAD, NICK
Address PO BOX 35812
City-State-Zip: GAINESVILLE FL 32635

Title VP/PROGRAMS & PROJECTS
Name JUBAY, MITCHEL
Address PO BOX 35812
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**CHAIRMAN****06/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VICE CHAIRMAN
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 BOARD OF TRUSTEE
Name MADAMBA, JOHNJOHN
Address PO BOX 35812
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