#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N44786

Entity Name: PHILIPPINE PERFORMING ARTS COMPANY, INC.

## **Current Principal Place of Business:**

1950 HAMMOCKS AVENUE LUTZ. FL 33549

### **Current Mailing Address:**

**1950 HAMMOCKS AVENUE** LUTZ. FL 33549 US

## FEI Number: 59-3087640

#### Name and Address of Current Registered Agent:

OMILA, JOSE H 1950 HAMMOCKS AVENUE LUTZ, FL 33549 US

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

emeen/Bires			
Title	PRESIDENT	Title	SECRETARY
Name	CANDELARIO, RENATO	Name	JANESS, KAMILLE
Address	4610 WEST GRAY ST	Address	20151 BAY CEDAR AVE
City-State-Zip:	309 TAMPA FL 33609	City-State-Zip:	TAMPA FL 33647
Title	TREASURER	Title Name	AUDITOR OPPERMAN, MARISSA
Name	CRUZ, LARRY	Address	514 W 122ND AVENUE
Address	15748 GARDENSIDE LANE	City-State-Zip:	
City-State-Zip:	TAMPA FL 33624		
Title	CHAIRMAN- BOARD OF DIRECTORS	Title	DIRECTOR
Name	DUDGEON, VIVIAN	Name	OMILA, JOSE
Address	3031 PINE FOREST DR	Address	1950 HAMMOCKS AVE
City-State-Zip:	PALM HARBOR FL 34684	City-State-Zip:	LUTZ FL 33549
		Title	DIRECTOR
Title	DIRECTOR	Name	BISSONNETTE, MA. TERESA DR.
Name	CURIOSO, AURORA	Address	12056 ROYAL DRIVE
Address	408 VAN REED MANOR DRIVE	City-State-Zip:	BROOKSVILLE FL 34601
City-State-Zip:			
City-State-Zip.	BRANDON FL 33511		

## Continues on page 2

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: JOSE H OMILA

DIRECTOR

04/22/2022

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 22, 2022 Secretary of State 6684238304CC

## **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	SIBAYAN, JUDY	Name	BIGLETE, ARNELL
Address	19205 ALICE CIRCLE	Address	1924 BARRINGTON DRIVE WEST
City-State-Zip:	LUTZ FL 33558	City-State-Zip:	TAMPA FL 33763
Title	DIRECTOR		
THE	BIREGIOR		
Name	GALLOWAY, LIBERTY		

Address 1880 OAK ST City-State-Zip: CLEARWATER FL 33760