

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N44786

Apr 09, 2024

Entity Name: PHILIPPINE PERFORMING ARTS COMPANY, INC.

**Secretary of State
2020221189CC**

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

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OMILA, JOSE H
1950 HAMMOCKS AVENUE
LUTZ, FL 33549 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 SIBAYAN, JUDY
Address 19205 ALICE CIRCLE
City-State-Zip: LUTZ FL 33558

Title SECRETARY
Name JANESS, KAMILLE
Address 20151 BAY CEDAR AVE
City-State-Zip: TAMPA FL 33647

Title TREASURER
Name OMILA, JOSE
Address 1950 HAMMOCKS AVE
City-State-Zip: LUTZ FL 33549

Title AUDITOR
Name CRUZ, LARRY
Address 15748 GARDENDALE LANE
City-State-Zip: TAMPA FL 33624

Title CHAIRMAN- BOARD OF DIRECTORS
Name DUDGEON, VIVIAN
Address 15129 HIDDEN DEER TRAIL
City-State-Zip: WEEKI WACHEE FL 34614

Title DIRECTOR
Name CURIOSO, AURORA
Address 408 VAN REED MANOR DR
City-State-Zip: BRANDON FL 33511

Title DIRECTOR
Name FERNANDEZ, VANESSA
Address 4308 AKITA DR
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name BISSONNETTE, MA. TERESA DR.
Address 12056 ROYAL DRIVE
City-State-Zip: BROOKSVILLE FL 34601

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: VIVIAN DUDGEON

DIRECTOR

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JAHRLING, LOTTIE
Address 2931 LAFITTE CT
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR
Name BIGLETE, ARNELL
Address 1924 BARRINGTON DRIVE WEST
City-State-Zip: TAMPA FL 33763

Title DIRECTOR
Name GALLOWAY, LIBERTY
Address 1880 OAK ST
City-State-Zip: CLEARWATER FL 33760