

2019 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

Certificate of Status Desired: No

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 CANDELARIO, RENATO
Address 4610 WEST GRAY ST
 309
City-State-Zip: TAMPA FL 33609

Title SECRETARY
Name HAMILTON, ABIGAIL
Address 6142 JACKSON ST
City-State-Zip: NEW PORT RICHEY FL 34653

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

Title DIRECTOR
Name DUDGEON, VIVIAN
Address 3031 PINE FOREST DRIVE
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name RUELO, ROBERTO
Address 16409 ASHWOOD DR
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name BISSONNETTE, TERESA
Address 12055 ROYAL DRIVE
City-State-Zip: BROOKSVILLE FL 34601

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

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

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

03/31/2019

Electronic Signature of Signing Officer/Director Detail

Date