

**2020 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

**FILED**  
**Apr 23, 2020**  
**Secretary of State**  
**8346225937CC**

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

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

Title           AUDITOR  
Name           OPPERMAN, MARISSA  
Address        514 W 122ND AVENUE  
City-State-Zip: TAMPA FL 33612

Title           CHAIRMAN- BOARD OF DIRECTORS  
Name           DUDGEON, VIVIAN  
Address        3031 PINE FOREST DR  
City-State-Zip: PALM HARBOR FL 34684

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

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: JOSE H OMILA**

**DIRECTOR**

**04/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SIBAYAN, JUDY  
Address 19205 ALICE CIRCLE  
City-State-Zip: LUTZ FL 33558

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