#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44786

Entity Name: PHILIPPINE PERFORMING ARTS COMPANY, INC.

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

## **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.

Name

City-State-Zip:

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title **PRESIDENT** Title CANDELARIO, RENATO

Name JANESS, KAMILLE 20151 BAY CEDAR AVE Address 4610 WEST GRAY ST Address

City-State-Zip: City-State-Zip: TAMPA FL 33609

Title **AUDITOR** Title **TREASURER** 

Name OPPERMAN, MARISSA Name CRUZ, LARRY Address 514 W 122ND AVENUE 15748 GARDENSIDE LANE Address

City-State-Zip: TAMPA FL 33624

Title DIRECTOR Title CHAIRMAN- BOARD OF DIRECTORS Name OMILA, JOSE

DUDGEON, VIVIAN Name Address 1950 HAMMOCKS AVE Address 3031 PINE FOREST DR City-State-Zip: LUTZ FL 33549 City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR

Title DIRECTOR Name BISSONNETTE, MA. TERESA DR. Name

CURIOSO, AURORA 12056 ROYAL DRIVE Address Address 408 VAN REED MANOR DRIVE City-State-Zip: BROOKSVILLE FL 34601

City-State-Zip: BRANDON FL 33511

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**SECRETARY** 

TAMPA FL 33647

TAMPA FL 33612

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.

04/23/2020 SIGNATURE: JOSE H OMILA DIRECTOR

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 GALLOWAY, LIBERTY

Address 1880 OAK ST

City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR

Name BIGLETE, ARNELL

Address 1924 BARRINGTON DRIVE WEST

City-State-Zip: TAMPA FL 33763