

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 15, 2023**

**Secretary of State**

**5974135990CC**

DOCUMENT# N51329

**Entity Name:** STO. NINO SHRINE USA, INC.

**Current Principal Place of Business:**

20832 CEDAR BLUFF PL  
LAND O'LAKES, FL 34538

**Current Mailing Address:**

P.O.BOX 271662  
CARROLLWOOD, FL 33688

**FEI Number:** 59-3144379

**Certificate of Status Desired:** Yes

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

DE LA CRUZ, NILDA  
547 TALLAHASSEE DR NE  
ST. PETERSBURG, FL 33702 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 DIRECTOR  
Name BILBAO, EDGARDO MR.  
Address 20832 CEDAR BLUFF PL  
City-State-Zip: LAND O'LAKES FL 34538

Title DIRECTOR  
Name COLINA, LEDWINA DR.  
Address 4355 BURNBERRY GLEN CT.  
City-State-Zip: SPRINGHILL FL 34609

Title PRESIDENT  
Name LIWANAG, MACARIO  
Address 20832 CEDAR BLUFF PL  
City-State-Zip: LAND O'LAKES FL 34538

Title T/D  
Name DE LA CRUZ, NILDA  
Address 547 TALLAHASSEE DR NE  
City-State-Zip: ST PETERSBURG FL 33702

Title D  
Name RACOMA, HELEN  
Address 17306 EQUESTRIAN TRAIL  
City-State-Zip: ODESSA FL 33556

Title D  
Name RAFFINAN, MARIA DR  
Address 2625 WESTVIEW DR.  
City-State-Zip: CLEARWATER FL 33761

Title SECRETARY  
Name REYNES, CAROL R  
Address 940 LIVE OAK AVE.  
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR  
Name ALQUIZOLA, FLORENDA DR.  
Address 17410 HIALEAH DR  
City-State-Zip: ODESSA FL 33556-1852

**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:** SUSAN N. BILBAO

**DIRECTOR**

**02/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NAVARRO, MARILYN  
Address        4551 WALNUT RIDGE RD  
City-State-Zip: LAND O'LAKES FL 34638-3711

Title            VP  
Name            BILBAO, SUSAN N  
Address        20832 CEDAR BLUFF PL  
City-State-Zip: LAND O'LAKES FL 34638-3711