

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: No

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

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

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

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: NILDA DE LA CRUZ

TREASURER

01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date