# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2004 8:00 am**
**Secretary of State**
04-12-2004 90268 040 ****61.25

DOCUMENT # N00000001920

1. Entity Name
PHILIPPINE NURSES ASSOCIATION OF GULFCOAST FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2951 EAGLES NEST DRIVE<br>PALM HARBOR, FL 34683 | 2951 EAGLES NEST DRIVE<br>PALM HARBOR, FL 34683 |

04102004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1728 31st Ave No. | 1728 31st Ave No. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: St. Petersburg, Fl. | City & State: St. Petersburg Fl. |
| Zip: 33713 Country: USA | Zip: 33713 Country: USA |

4. FEI Number 59-3617815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

POLLACK, LOLITA
3719 ODOM DR
NEW PORT RICHEY, FL 34652

**7. Name and Address of New Registered Agent**

Name: Orpha Ale Mineque
Street Address (P.O. Box Number is Not Acceptable): 1728 31st Ave No.
City: St. Petersburg FL Zip Code: 33713

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Omineque 4/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RAVI, TITA<br>2951 EAGLES NEST DRIVE<br>PALM HARBOR, FL 34683 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Alma Bacalan Asuncion<br>8249 44th St. No.<br>Pinellas Park Fl. 33781<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ESTAMPADOR, ESTHER<br>2951 EAGLES NEST DRIVE<br>PALM HARBOR, FL 34683 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President Elect<br>Medina Madrinan<br>12453 81st Ct. No.<br>Seminole, Fl. 33772<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>S-MEDENILLA, CECILE<br>2951 EAGLES NEST DRIVE<br>PALM HARBOR, FL 34683 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Jahella Puyot<br>3940 7th Ave No.<br>St. Petersburg, Fl. 33713<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEWIS, MERLE<br>2951 EAGLES NEST DRIVE<br>PALM HARBOR, FL 34683 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Adelwisa Baker<br>19301 Widgeon Way<br>New Port Richey, Fl. 34654<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NAVARRO, MA J<br>2951-EAGLES NEST DRIVE<br>PALM HARBOR, FL 34683 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Corresponding Secretary<br>Same Orpha Ale Mineque<br>1728 31st Ave No<br>St. Petersburg Fl. 33713<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SANTOS, MERLY<br>2951 EAGLES NEST DRIVE<br>PALM HARBOR, FL 34683 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | → same<br>☑ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Omineque Orpha Ale Mineque 4/10/04 (727) 822-9161 or (727) 460-1727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #