

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001920

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** PHILIPPINE NURSES ASSOCIATION OF GULFCOAST FLORIDA, INC.

**Current Principal Place of Business:**

12325 70TH ST. NO.  
LARGO, FL 33773

**New Principal Place of Business:**

1366SIERRA CIRCLE  
KISSIMMEE, FL 334744

**Current Mailing Address:**

12325 70TH ST. NO.  
LARGO, FL 33773

**New Mailing Address:**

1366 SIERRA CIRCLE  
KISSIMMEE, FL 34744

**FEI Number:** 59-3617815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINEQUE, ORPHA ALE  
12325 70TH ST NO.  
LARGO, FL 33773 US

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

SANTOS-MEDENILLA, CECILE M PRESIDE  
1366 SIERRA CIRCLE  
KISSIMMEE, FL 33744 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: CECILE M. SANTOS-MEDENILLA

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SANTOS-MEDENILLA, CECILE M MRS.  
Address: 1366 SIERRA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

Title: TREA  
Name: GARCIA, PAMELA MRS.  
Address: 6825 CIRCLE CREEK DRIVE  
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: BM  
Name: SANTOS, ESMERALDA  
Address: 2717 BRINLEY DRIVE  
City-St-Zip: TRINITY, FL 34655 US

Title: SEC  
Name: RENEGAR, ELDA FLOR  
Address: 1557 ROBINSON DRIVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: ADV  
Name: MINEQUE, ORPHA A  
Address: 12325 70TH STREET NORTH  
City-St-Zip: LARGO, FL 33773 US

Title: ADV  
Name: SANTOS, MERLY  
Address: 40401 SAVAGE CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: ORPHA ALE MINEQUE

ADV

01/11/2012

Electronic Signature of Signing Officer or Director

Date