## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008810

FILED Aug 26, 2005 Secretary of State

Entity Name: PHILIPPINE NURSES ASSOCIATION OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4850 MOTOR YACHT DR JACKSONVILLE, FL 322254029 **Current Mailing Address: New Mailing Address:** 4850 MOTOR YACHT DR JACKSONVILLE, FL 322254029 FEI Number: 20-1392762 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MASSENGILL, LOLITA 4850 MOTOR YACHT DR JACKSONVILLE, FL 322254029 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MASSENGILL, LOLITA MASSENGILL, LOLITA Name: Name: 4850 MOTOR YACHT DR Address: 4850 MOTOR YACHT DR Address: JACKSONVILLE, FL 322254029 City-St-Zip: JACKSONVILLE, FL 322254029 City-St-Zip: Title: Title: ( ) Delete () Change () Addition LOCQUIAO, JULIE Name: Name: Address: 598 CHIVAS CT Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition VILLANUEVA, EDNA VILLANUEVA, EDNA Name: Name: 8654 CANOPY OAKS DR 8654 CANOPY OAKS DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: SEC (X) Change ( ) Addition ENRIQUEZ, ISABEL Name: Name: ENRIQUEZ, ISABEL 3143 GROVELAND DR 3143 GROVELAND DR Address: Address: ORANGE PARK, FL 32065 City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: Title: () Delete Title: TREA (X) Change ( ) Addition CALLAO, VELIA CALLAO, VELIA Name: Name: 8321 PEPERWOOD DR 8321 PEPERWOOD DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244 Title: () Delete Title: () Change () Addition RAMISCAL, LOU Name: Name: Address: 8735 DERRY DR Address: JACKSONVILLE, FL 32244 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LOLITA MASSENGILL PRES 08/26/2005