


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90030 015 \*\*\*\*70.00

**DOCUMENT # N04000008810**

1. Entity Name  
**PHILIPPINE NURSES ASSOCIATION OF NORTHEAST FLORIDA, INC.**



Principal Place of Business  
**4850 MOTOR YACHT DR  
 JACKSONVILLE, FL 32225-4029**

Mailing Address  
**4850 MOTOR YACHT DR  
 JACKSONVILLE, FL 32225-4029**

40097986



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

07012006 Chg-NP CR2E037 (4/06)

|                                                                                                                     |  |                                                    |          |
|---------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 4. FEI Number<br><b>20-1392762</b>                                                                                  |  | Applied For<br>Not Applicable                      |          |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>          |  |                                                    |          |
| <b>6. Name and Address of Current Registered Agent</b>                                                              |  | <b>7. Name and Address of New Registered Agent</b> |          |
| <b>MASSENGILL, LOLITA<br/>                 4850 MOTOR YACHT DR<br/>                 JACKSONVILLE, FL 32225-4029</b> |  | Name                                               |          |
|                                                                                                                     |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|                                                                                                                     |  | City                                               |          |
|                                                                                                                     |  | <b>FL</b>                                          | Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25 Due by September 6, 2006**

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<br><b>PRES</b>       | <b>MASSENGILL, LOLITA</b> <input type="checkbox"/> Delete       | TITLE<br><b>Auditor</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                                                                                 |
| NAME                       |                                                                 | NAME                                                                                        | <b>Cañdilla, Calinica</b>                                                                       |
| STREET ADDRESS             | <b>4850 MOTOR YACHT DR</b>                                      | STREET ADDRESS                                                                              | <b>13777 Night Hawk Court</b>                                                                   |
| CITY-ST-ZIP                | <b>JACKSONVILLE, FL 322254029</b>                               | CITY-ST-ZIP                                                                                 | <b>Jacksonville, FL 32224</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>PE</b>         | <b>LOCQUIAO, JULIE</b> <input type="checkbox"/> Delete          | TITLE                                                                                       |                                                                                                 |
| NAME                       |                                                                 | NAME                                                                                        |                                                                                                 |
| STREET ADDRESS             | <b>598 CHIVAS CT</b>                                            | STREET ADDRESS                                                                              |                                                                                                 |
| CITY-ST-ZIP                | <b>ORANGE PARK, FL 32073</b>                                    | CITY-ST-ZIP                                                                                 |                                                                                                 |
| TITLE<br><b>VP</b>         | <b>VILLANUEVA, EDNA</b> <input type="checkbox"/> Delete         | TITLE                                                                                       |                                                                                                 |
| NAME                       |                                                                 | NAME                                                                                        |                                                                                                 |
| STREET ADDRESS             | <b>8654 CANOPY OAKS DR</b>                                      | STREET ADDRESS                                                                              |                                                                                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE, FL 32256</b>                                   | CITY-ST-ZIP                                                                                 |                                                                                                 |
| TITLE<br><b>SEC</b>        | <b>ENRIQUEZ, ISABEL</b> <input type="checkbox"/> Delete         | TITLE                                                                                       |                                                                                                 |
| NAME                       |                                                                 | NAME                                                                                        |                                                                                                 |
| STREET ADDRESS             | <b>3143 GROVELAND DR</b>                                        | STREET ADDRESS                                                                              |                                                                                                 |
| CITY-ST-ZIP                | <b>ORANGE PARK, FL 32065</b>                                    | CITY-ST-ZIP                                                                                 |                                                                                                 |
| TITLE<br><b>TREA</b>       | <b>CALLAO, VELIA</b> <input type="checkbox"/> Delete            | TITLE<br><b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                 |
| NAME                       |                                                                 | NAME                                                                                        | <b>Rapadas, Pauline</b>                                                                         |
| STREET ADDRESS             | <b>8321 PEPPERWOOD DR</b>                                       | STREET ADDRESS                                                                              | <b>5414 Nanette Court</b>                                                                       |
| CITY-ST-ZIP                | <b>JACKSONVILLE, FL 32244</b>                                   | CITY-ST-ZIP                                                                                 | <b>Jacksonville, FL 32244</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>S</b>          | <b>RAMISCAL, LOU</b> <input checked="" type="checkbox"/> Delete | TITLE                                                                                       |                                                                                                 |
| NAME                       |                                                                 | NAME                                                                                        |                                                                                                 |
| STREET ADDRESS             | <b>8735 DERRY DR</b> Resigned                                   | STREET ADDRESS                                                                              |                                                                                                 |
| CITY-ST-ZIP                | <b>JACKSONVILLE, FL 32244</b>                                   | CITY-ST-ZIP                                                                                 |                                                                                                 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Lolita Massengill *Lolita Massengill* **July 7, 2006** (904) 565-1641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #