2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000008810

PHILIPPINE NURSES ASSOCIATION OF NORTHEAST FLORIDA, INC.



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4850 MOTOR YACHT DR 4			4850	Mailing Address 4850 MOTOR YACHT DR JACKSONVILLE, FL 32225-4029				40097986					
2. Principal Place of Business 3. M			3. Mail	. Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				07012006	Chg-NP		CR2E	037 (4/06)	
City & State			Cit	City & State				4. FEI Numbe				<u> </u>	plied For
Zip Country		Zip Cou			untry		20-1392762 Not Applica 5. Certificate of Status Desired \$8.75 Additional						
			<u> </u>			,		7. Name and Address of New Registered Agent					d
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and	Address of	New Ke	gisterea	Agent	
MASSENG								D.O. Day Numb	- in Net Ann	· -+-blo\		··	
4850 MOT JACKSON		IT DR . 32225-4029				Street	(daress (i	P.O. Box Numb	er is indi acc	epiauie,			
	2.1					City						Zip Cod	Δ
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	named entity ions of regist	y submits this statement fo ered agent.	r the purp	ose of changing its	registere	ed office o	r register	ed agent, or bo	th, in the Stat	te of Flori	ida. Iam	familiar with,	and accept
SIGNATURE .													
		or printed name of registered agent	and title if app	licable. (NOTE	: Registered	d Agent signat	ture required	when reinstating)			DATE		
Filling Fee is \$61.25 Due by September 6, 2006 9. Election Campa Trust Fund Cont													
Di	•							\$5.00 May E Added to Fees	3e			k payable to rtment of S	
D :	•		RECTORS					\$5.00 May B Added to Fees ADDITIONS/CH		Floric	la Depa	rtment of S	ate
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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. Rolla maner

SIGNATURE:

Lolita Massengil 0
SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 10, 2006 8:00 am Secretary of State

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

(904) Daytime Phone #