


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90065 046 ****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
2. Principal Place of Business - No P.O. Box # 598 Chivas Ct.		3. Mailing Address 598 chivas Ct.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Orange Park Florida		City & State Orange Park Florida
Zip 32073	Country Clay	Country Clay



1st MOORE CR2E037 (10/06)

4. FEI Number 20-1392762		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MASSENGILL, LOLITA 4850 MOTOR YACHT DR JACKSONVILLE FL 32225-4029		7. Name and Address of New Registered Agent Name: Julie F. LOCQUIAO Street Address (P.O. Box Number is Not Acceptable): 598 Chivas Court City: Orange Park FL Zip Code: 32073

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: Julie F. LOCQUIAO Julie F. Locquiao 2-06-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRES NAME: MASSENGILL, LOLITA STREET ADDRESS: 4850 MOTOR YACHT DR CITY-STATE-ZIP: JACKSONVILLE FL 32225-4029	<input type="checkbox"/> Delete	TITLE: PRES NAME: Julie F. LOCQUIAO STREET ADDRESS: 598 chivas Ct. CITY-STATE-ZIP: Orange Park, Fl. 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PE NAME: LOCQUIAO, JULIE STREET ADDRESS: 598 CHIVAS CT CITY-STATE-ZIP: ORANGE PARK FL 32073	<input type="checkbox"/> Delete	TITLE: PE NAME: Catalina Caudilla STREET ADDRESS: 13777 Night Hawk Court CITY-STATE-ZIP: Jacksonville, Florida 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: VILLANUEVA, EDNA STREET ADDRESS: 8654 CANOPY OAKS DR CITY-STATE-ZIP: JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE: VP NAME: Callao, Velia STREET ADDRESS: 8321 Pepperwood Drive CITY-STATE-ZIP: Jacksonville, Fl. 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SEC NAME: ENRIQUEZ, ISABEL STREET ADDRESS: 3143 GROVELAND DR CITY-STATE-ZIP: ORANGE PARK FL 32065	<input type="checkbox"/> Delete	TITLE: SEC NAME: Macabasco, Alicia STREET ADDRESS: 2406 Scanlon Drive CITY-STATE-ZIP: Jacksonville, Fl. 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREA NAME: CALLAO, VELIA STREET ADDRESS: 8321 PEPPERWOOD DR CITY-STATE-ZIP: JACKSONVILLE FL 32244	<input type="checkbox"/> Delete	TITLE: Sec NAME: Viray, Daphne STREET ADDRESS: 4434 Arch Creek Drive CITY-STATE-ZIP: Jacksonville, Fl. 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete	TITLE: Trea NAME: Rapadas Pauline STREET ADDRESS: 5414 Nannette Court CITY-STATE-ZIP: Jacksonville, Fl. 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Julie F. LOCQUIAO Julie F. Locquiao 2-06-07 904 318 9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40017455

#N64000008810

Philippine Nurses Association of Northeast Florida

Year 2006-2008 Officers and Board Members

President : Julie F. Locquiao 598 CHIVAS COURT O.P. FL. 32073
Vice President: Velia Callao 8321 PEPPERWOOD DRIVE Jax. FL. 32244
President-elect: Calinica Caudilla 13777 NIGHT HAWK CT. Jax. FL. 32244
Treasurers: Paulina Rapadas 5414 NANETTE CT. Jax. FL. 32244
Gemma Rio 2343 HUCKINS COURT Jacksonville, FL. 32225
Secretaries: Alicia Macabasco 2406 Scanlon Dr. Jax. FL. 32210
: Daphne Viray 4434 Arch Creek Dr. Jax. FL. 32257
Auditor : Carmen Delmundo 3903 Bramble Road Jacksonville, FL. 32210

Board Members are the following:

1. Irma Ancheta 4120 SHOAL CREEK Jax. FL. 32225
2. Lydia Bautista 8512 Branchwater DRIVE Jax. FL. 32244
3. Grace Bunyi 1998 Riverbluff Road North Jax. FL. 32211
4. Romy Devera 12176 IRWIN MAJOR DR. Jax. FL. 32246
5. Cirila Floresca 1486 Silverbell LAKE O.P. FL. 32073
6. Precy Estoy -Fordan 8935 Spring Harvest Jax. FL. 32244
7. Dolores Palompo 5539 Costa Lane North Jax. FL. 32258
8. Edna Villanueva 8654 Canopy Oaks Drive Jax. FL. 32256

Please update our records with the above officers and board members.

Thank you very much.

Julie F. Locquiao, R.N.B.S.N.

PNANEF President