## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008810

FILED Mar 30, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

12176 IRWIN MANOR DRIVE JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

12176 IRWIN MANOR DRIVE JACKSONVILLE, FL 32246

FEI Number: 20-1392762 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DEVERA, ROMEO D 12176 IRWIN MANOR DRIVE JACKSONVILLE, FL 32246 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:**

Title: PRES

Name: DEVERA, ROMEO

Address: 12176 IRWIN MANOR DRIVE City-St-Zip: JACKSONVILLE, FL 32246

Title: PE

 Name:
 RIO, GERMINA

 Address:
 2343 HUCKINS COURT

 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: VP

Name: VIRAY, DAPHNE

Address: 4434 ARCH CREEK DRIVE City-St-Zip: JACKSONVILLE, FL 32257

Title: 5

 Name:
 MATITO, CELESTE

 Address:
 7808 FAWN VALLEY LANE

 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: 5

 Name:
 TYSON, MARILINA

 Address:
 1352 RED MAPLE COURT

 City-St-Zip:
 JACKSONVILLE, FL 32073

Title:

Name: MERZA, EDNA

Address: 4924 RED ISLAND TRAIL City-St-Zip: JACKSONVILLE, FL 32225

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: ROMEO DEVERA PRES 03/30/2010