

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008810

FILED
Apr 19, 2012
Secretary of State

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

Current Principal Place of Business:

2343 HUCKINS CT
JACKSONVILLE, FL 32225 UN

New Principal Place of Business:

Current Mailing Address:

2343 HUCKINS CT
JACKSONVILLE, FL 32225 UN

New Mailing Address:

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

Name and Address of Current Registered Agent:

RIO, GERMINA
2343 HUCKINS CT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: RIO, GERMINA
Address: 2343 HUCKINS COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: PE
Name: CALLAO, VELIA
Address: 8321 PEPPERWOOD DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP
Name: CUEVAS, LILIBETH
Address: 9380 TRAMORE GLEN CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: S
Name: MATITO, CELESTE
Address: 7808 FAWN VALLEY LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: S
Name: MANARANG, CAROLINA
Address: 409 PERIWINKLE PL
City-St-Zip: JACKSONVILLE, FL 32259

Title: T
Name: VIRAY, DAPHNE
Address: 4434 ARCH CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

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: GERMINA EMILY R. RIO

PRES

04/19/2012

Electronic Signature of Signing Officer or Director

Date