2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011489

FILED Feb 09, 2009 Secretary of State

Entity Name: FEU NURSING ALUMNI FOUNDATION, FLORIDA CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business: 17056 NW 16TH STREET 1486 SILVER BELL LANE PEMBROKE PINES, FL 33028 ORANGE PARK, FL 32003 **Current Mailing Address: New Mailing Address:** 17056 NW 16TH STREET 1486 SILVER BELL LANE PEMBROKE PINES, FL 33028 ORANGE PARK, FL 32003 FEI Number: 26-1444299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LALOG, JOSE O JR. 90 BRÓNSON LANE PALM COAST, FL 32137 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KE, GENY P FLORESCA, CIRILA Name: Name: 17056 NW 16TH STREET Address: 1486 SILVER BELL LANE Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: ORANGE PARK, FL 32003 Title: () Delete Title: (X) Change () Addition IBAY, MAX Name: MOLAS, PRISCILLA Name: Address: 6556 NW 170TH TERRACE Address: 10920 SW 117 PL. City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33186 Title: () Delete Title: (X) Change () Addition SIBUCAO, MARISSA BAGWAN, FINA Name: Name: 516 TUTEN TRAIL Address: 1938 NW 74 AVE. Address: City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: ORLANDO, FL 32828 Title: Title: (X) Change () Addition () Delete MOLAS, PRISCILLA B Name: Name: FLORES, NORIE 10920 SW 117 PL Address: Address: SR 16 EAST City-St-Zip: MIAMI, FL 33186 City-St-Zip: ST. AUGUSTINE, FL Title: () Delete Title: (X) Change () Addition DALMACIO, MARITES M PABLO, CORA Name: Name: 721 THORNRIDGE AVE. 2632 SW 155 LANE Address: Address: City-St-Zip: **DAVIE, FL 33325** City-St-Zip: OCALA, FL 34473 Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

LIMPIOSO, EDITA

315 SW 191 AVE

PEMBROKE PINES, FL 33029

SIGNATURE: GENY PANALIGAN-KE ADVI 02/09/2009

Name:

Address:

City-St-Zip: