

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011067

FILED
Apr 18, 2011
Secretary of State

Entity Name: PHILIPPINE NURSES ASSOCIATION OF CENTRAL FLORIDA INCORPORATED

Current Principal Place of Business:

324 GRAND VALLEY DR
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

324 GRAND VALLEY DR
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3721606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALAGANO, VIRGINIA G
324 GRAND VALLEY DR
LAKE MARY, FL 32746 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: P
Name: ALAGANO, VIRGINIA G
Address: 324 GRAND VALLEY DR
City-St-Zip: LAKE MARY, FL 32746

Title: PE
Name: ANTEQUINO, FE ROSARIO
Address: 2401 CHRISTAMMY COURT
City-St-Zip: ORLANDO, FL 32835

Title: TR
Name: DY, GLORIA
Address: 1709 WHITE HERON BAY CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: AUD
Name: REYES, NOEMI
Address: 14331 ROXSHIRE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: RS
Name: PEREZ, LORELEI
Address: 304 TAVESTOCK LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: CS
Name: ZAMORA, MILA
Address: 9339 SOUTHERN BREEZE DR
City-St-Zip: ORLANDO, FL 32836

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: VIRGINIA G. ALAGANO

P

04/18/2011

Electronic Signature of Signing Officer or Director

Date