2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# N10000006498

Entity Name: MULTICULTURAL AMERICAN NURSES ORGANIZATION, INC.

Current Principal Place of Business:

2293 PRAGUE LANE
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

2293 PRAGUE LANE
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, DOREEN
293 PRAGUE LANE
PUNTA GORDA, FL 33983 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: ASPERILLA, MARK
Address: 3300 TAMIAMI TRAIL, SUITE 102-A
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP
Name: SIMMONS, DOREEN
Address: 2293 PRAGUE LANE
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP
Name: GEDEON, WILSON
Address: 1417 STRASBURG DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

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: WILSON M.GEDEON VP 04/12/2012
Electronic Signature of Signing Officer or Director Date