

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12243 (4)

1. Corporation Name

THE PHILIPPINE NURSES ASSOCIATION OF FLORIDA, IN C.



Principal Place of Business

Mailing Address

**1600 NORTHEAST 162ND STREET #100
NORTH MIAMI BEACH FL 33162**

**1600 NORTHEAST 162ND STREET #100
NORTH MIAMI BEACH FL 33162**

**7360 SW 121st ST.
MIAMI, FL. 33156**

**7360 SW 121st ST.
MIAMI, FL. 33156**

3. Date Incorporated or Qualified
11/25/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. F.E.I. Number

65-0037822

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESLEY, MICHAEL R., ESQ.
888 S. ANDREWS AVE., SUITE 305
FT. LAUDERDALE FL 33316**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
CIOCOC, DAISY PH.D A NP
STREET ADDRESS **7360 SW 121ST ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **A SECRETARY**
MONEDA, GIGI W.
STREET ADDRESS **17051 NE 31 ST., #209**
CITY - ST - ZIP **N. MIAMI BEACH FL**

TITLE ☐ DELETE
NAME **D**
LAZO, VICTORIA
STREET ADDRESS **11271 SW 176 ST**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D**
CALIBAG, ELIZABETH
STREET ADDRESS **820 NE 171 ST**
CITY - ST - ZIP **N MIAMI BEACH FL**

TITLE ☐ DELETE
NAME **D**
SIMPAG, FRANCES
STREET ADDRESS **7601 E TRAIL DR., #1222**
CITY - ST - ZIP **N MIAMI BCH. FL**

TITLE ☐ DELETE
NAME **D**
GONZALES, HELEN
STREET ADDRESS **16050 NE 18TH PLACE**
CITY - ST - ZIP **N. MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME **SONIA HOOPER**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **ASST. SECRETARY** ☐ Change ☒ Addition
2.2 NAME **JAME A. SALAMEDA**
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **T** TREASURER ☐ Change ☒ Addition
3.2 NAME **YENIA C. FORTE**
3.3 STREET ADDRESS **12995 SW 188 ST.**
3.4 CITY - ST - ZIP **MIAMI, FL. 33177**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Yenia C. Forte **YN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

305-252-9331

Daytime Phone #

CR2E037 (12/95)