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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12243** (4)
1. Corporation Name
THE PHILIPPINE NURSES ASSOCIATION OF FLORIDA, IN C.

Principal Place of Business 7360 SW 121ST ST MIAMI FL 33156 US	Mailing Address 7360 SW 121ST ST MIAMI FL 33156 US
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3. Date Incorporated or Qualified 11/25/1985
4. FEI Number 65-0037822
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 8643 SW 14 ST. Suite, Apt. #, etc. 22	2a. Mailing Address 26 8643 SW 14 ST. Suite, Apt. #, etc. 27
City & State 23 PEMBROKE PINES, FL Zip 24 33025	City & State 28 PEMBROKE PINES, FL Zip 29 33025
Country 25 US	Country 30 US

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**PRESLEY, MICHAEL R., ESQ.
888 S. ANDREWS AVE., SUITE 305
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent	
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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CIOCON, DAISY PH.D A NP
STREET ADDRESS	7360 SW 121ST ST.
CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> DELETE
NAME	MONEDA, GIGI W.
STREET ADDRESS	17051 NE 31 ST., #209
CITY-ST-ZIP	N. MIAMI BEACH FL 33160
TITLE	D <input type="checkbox"/> DELETE
NAME	LAZO, VICTORIA
STREET ADDRESS	11271 SW 176 ST
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CALIBAG, ELIZABETH
STREET ADDRESS	8763 NW 151 TERR
CITY-ST-ZIP	MIAMI LAKES FL 33018
TITLE	CS <input checked="" type="checkbox"/> DELETE
NAME	SCOTT, ANNABELLE
STREET ADDRESS	8745 SW 143 ST
CITY-ST-ZIP	MIAMI FL 33176
TITLE	T <input type="checkbox"/> DELETE
NAME	FORTE, NENA C
STREET ADDRESS	12995 SW 188 ST
CITY-ST-ZIP	MIAMI FL 33177

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUZ PORTER
1.3 STREET ADDRESS	8643 SW 14 ST.
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33025
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SOC BURGOS-TORRES
2.3 STREET ADDRESS	2144 SW 25th TERR.
2.4 CITY-ST-ZIP	MIAMI, FL 33183
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FREDA ARZADON
3.3 STREET ADDRESS	10661 SW 67th ST.
3.4 CITY-ST-ZIP	MIAMI, FL 33173
4.1 TITLE	CS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VIRGINIA VALDE
4.3 STREET ADDRESS	2321 SW 126th ST.
4.4 CITY-ST-ZIP	MIAMI FL 33175
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NIEVA CACAYAN
5.3 STREET ADDRESS	105 NE 95th ST.
5.4 CITY-ST-ZIP	N. MIAMI, FL 33161
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRAN DAMATO
6.3 STREET ADDRESS	14030 APPALACHIAN TRAIL
6.4 CITY-ST-ZIP	DAVIE, FL 33325

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **March 17 '98 805-252-9331**

CR2E037 (10/97)