

FILE NOW: FILING FEE IS \$61.25

FILED

**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, INC.

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	Not Applicable
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21 8643 SW 14 ST.	2a. Mailing Address 8643 SW 14 ST.
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State PENBROKE PINES, FL	27 City & State PENBROKE PINES, FL
24 Zip 33025	25 Country US
28 Zip 33025	30 Country US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**PRESLEY, MICHAEL R., ESO.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOCON, DAISY PH.D A NP	1.2 NAME	LUZ PORTER
STREET ADDRESS	7360 SW 121ST ST.	1.3 STREET ADDRESS	8643 SW 14 ST.
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	PENBROKE PINES, FL 33025
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONEDA, GIGI W.	2.2 NAME	SOC BURGOS-TORRES
STREET ADDRESS	17051 NE 31 ST., #209	2.3 STREET ADDRESS	2144 SW 25th TERR.
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAZO, VICTORIA	3.2 NAME	FREDA ARZADON
STREET ADDRESS	11271 SW 176 ST	3.3 STREET ADDRESS	10661 SW 67th ST.
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	CS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALIBAG, ELIZABETH	4.2 NAME	VIRGINIA VALDE
STREET ADDRESS	8763 NW 151 TERR	4.3 STREET ADDRESS	2321 SW 126th ST.
CITY-ST-ZIP	MIAMI LAKES FL 33018	4.4 CITY-ST-ZIP	MIAMI FL 33175
TITLE	CS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, ANNABELLE	5.2 NAME	NIEVA CACAYAN
STREET ADDRESS	8745 SW 143 ST	5.3 STREET ADDRESS	105 NE 95th ST.
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	N. MIAMI, FL 33161
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTE, NENA C	6.2 NAME	FRAN DAMATO
STREET ADDRESS	12995 SW 188 ST	6.3 STREET ADDRESS	14030 APPALACHIAN TRAIL
CITY-ST-ZIP	MIAMI FL 33177	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)