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**FILED**  
**Feb 16, 1999 8:00 am**  
**Secretary of State**

02-16-1999 90050 041 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N12243**

1. Corporation Name

**THE PHILIPPINE NURSES ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

8643 SW 14TH ST  
 PEMBROKE PINES FL 33025  
 US

Mailing Address

8643 SW 14TH ST  
 PEMBROKE PINES FL 33025  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/25/1985

4. FEI 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LUZ PORTER	
STREET ADDRESS	8643 SW 14TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
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	S	<input type="checkbox"/> DELETE
NAME	FREDA ARZADON	
STREET ADDRESS	10661 SW 67TH ST	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	VIRGINIA VALDE	
STREET ADDRESS	2321 SW 136TH ST	
CITY-ST-ZIP	MIAMI FL 33175	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99 305-352-9331  
 Date Daytime Phone #

CR2E037 (11/98)