2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90103 035 ****69.00

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1. Entity Name
PHILIPPINE NURSES' ASSOCIATION OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
1511 LIONS CLUB DRIVE BRANDON, FL 33511	1511 LIONS CLUB DRIVE BRANDON, FL 33511

CU039516

04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2984383
☑ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENDOZA, REBECCA B
1511 LIONS CLUB DRIVE
BRANDON, FL 33511

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENDOZA, REBECCA B
STREET ADDRESS	1511 LIONS CLUB DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	PE
NAME	IYOG, GUINIVERE
STREET ADDRESS	18904 ADAMS COUNTRY WAY
CITY-ST-ZIP	LUTZ, FL 33559
TITLE	T
NAME	FABREO, VICTORIA
STREET ADDRESS	17759 OAK BRIDGE ST
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VP
NAME	HERMANO, CRISPINA
STREET ADDRESS	27603 SKYLAKE CIRCLE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543
TITLE	Chair - Board of Directors
NAME	COVARRUBIAS ROY (COVARRUBIAS)
STREET ADDRESS	1404 WINDJAMMER LOOP
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	Secretary
NAME	ELIZABETH - MORRIS.
STREET ADDRESS	4208 Windtree Drive
CITY-ST-ZIP	TAMPA, FL 33624

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca B. Mendoza REBECCA B. MENDOZA 4/11/05 (813) 657-213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #