


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-16-2007 90195 028 ****70.00

DOCUMENT # N93000004612					
1. Entity Name PHILIPPINE NURSES' ASSOCIATION OF TAMPA BAY, INC.					
Principal Place of Business 27247 HOLLYBROOK TRAIL WESLEY CHAPEL, FL 33544			Mailing Address 27247 HOLLYBROOK TRAIL WESLEY CHAPEL, FL 33544		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
APOSTOL, NENNETTE P. 27247 HOLLYBROOK TRAIL WESLEY CHAPEL, FL 33544			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P IYOG, GUINEVERE V 18904 ADAMS COUNTRY WAY LUTZ, FL 33559 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE EBRADA, MA. TERESA G 1324 SALT CLAY CT. WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T APOSTOL, NENNETTE P 27247 HOLLYBROOK TRAIL WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERMANO, CRISPINA 27603 SKYLAKE CIRCLE ZEPHYRHILLS, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CBOD MAGSAKAY, FLORINDA 3217 WESSEX WAY CLEARWATER, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORRIS, ELIZABETH 4208 WINDTREE DR TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 filer empowered.					
SIGNATURE: <i>Nennette Apostol</i> NENNETTE APOSTOL		Date: <i>1/10/07</i> (813) 929-7405			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			

ATTACHMENT

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Form **SS-4****Application for Employer Identification Number**

OMB No. 1545-0003

(Rev. February 2006)

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested PHILIPPINE NURSES ASSOCIATION OF TAMPA BAY INC	
2 Trade name of business (if different from name on line 1) 3 Executor, administrator, trustee, "care of" name	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 18904 ADAMS COUNTRY WAY	5a Street address (if different) (Do not enter a P.O. box.) SAME AS MAILING ADDRESS
4b City, state, and ZIP code LUTZ FL 33559	5b City, state, and ZIP code
6 County and state where principal business is located HILLSBOROUGH FL	
7a Name of principal officer, general partner, grantor, owner, or trustor GUINEVERE V IYOG	7b SSN, ITIN, or EIN 591266746
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ DISREGARD	
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) ▶ _____	
8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Foreign country
9 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____	
<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ OPEN BANK ACCOUNT <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
10 Date business started or acquired (month, day, year). See instructions. 01/01/06	11 Closing month of accounting year DECEMBER
12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	
13 Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)	Agricultural 0 Household 0 Other 0
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) PROFESSIONAL	
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. NONE	
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note. If "Yes," please complete lines 16b and 16c.	
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN	
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
	Designee's name Designee's telephone number (include area code) () -
Third Party Designee	Address and ZIP code Designee's fax number (include area code) () -
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly) ▶ GUINEVERE V IYOG PRESIDENT	
Applicant's telephone number (include area code) (813) 948 - 7917	
Applicant's fax number (include area code) () -	
Signature ▶ Date ▶ 02/17/07	