

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729314 (5)
1. Corporation Name
FILIPINO-AMERICAN ASSOCIATION OF PENSACOLA, INC..

Principal Place of Business
234 WEST OAKFIELD RD.
PENSACOLA FL 32503
US

Mailing Address
234 WEST OAKFIELD RD.
PENSACOLA FL 32503
US

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1974		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7413122		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent SORIANO, LOURDES G 5418 PONTE VERDE DR. PENSACOLA FL 32507				10. Name and Address of New Registered Agent			
81 Name				Clyde Werhan			
82 Street Address (P.O. Box Number is Not Acceptable)				5835 KAISER LN			
83							
84 City				PENSACOLA			
				FL 85 Zip Code 32507			

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: Clyde Werhan, TREASURER Clyde Werhan 7 Aug 96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☒ DELETE		1.1 TITLE	P/C	☒ Change ☐ Addition	
NAME	MAYORCA, FERDERICO			1.2 NAME	FARRINGTON, RED		
STREET ADDRESS	9031 WL MATADOR DR			1.3 STREET ADDRESS	P.O. Box 37296 N/A		
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST-ZIP	PENSACOLA, FL 32526		
TITLE	VD	☒ DELETE		2.1 TITLE	V/D	☒ Change ☐ Addition	
NAME	OCAMPO, LETICIA			2.2 NAME	NARCISO, NELLIE		
STREET ADDRESS	8113 WEST BOURNE			2.3 STREET ADDRESS	643 CEDAR BLUFF DR		
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-ST-ZIP	PENSACOLA, FL 32506		
TITLE	TD	☒ DELETE		3.1 TITLE	T/D	☒ Change ☐ Addition	
NAME	SORIANO, LOURDES			3.2 NAME	WERHAN, CLYDE		
STREET ADDRESS	5418 PONTE VEDRA DR			3.3 STREET ADDRESS	5835 KAISER LN		
CITY-ST-ZIP	PENSACOLA FL			3.4 CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE	SD	☒ DELETE		4.1 TITLE	S/D	☒ Change ☐ Addition	
NAME	ASPER, CORA			4.2 NAME	BARBER, SUSAN		
STREET ADDRESS	6658 BLACK OAK PL			4.3 STREET ADDRESS	5655 N. 9TH AVE Rm 206		
CITY-ST-ZIP	PENSACOLA FL			4.4 CITY-ST-ZIP	PENSACOLA, FL 32504		
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Clyde Werhan 7 Aug 96 1904492 0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLYDE WERHAN TREASURER

CR2E037 (12/95)