SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
234 WEST OAKFIELD RD. PENSACOLA FL 32503 US	234 WEST OAKFIELD RD. PENSACOLA FL 32503 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1974
3a. Date of Last Report: 09/03/1996
4. FEI Number: 23-7413122 ☐ 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WERHAM, CLYDE
5835 KAISER LN.
PENSACOLA FL 32526-3250

10. Name and Address of New Registered Agent

81 Name: Casuga Rey
82 Street Address (P.O. Box Number is Not Acceptable): 9927 Lillian Highway
83:
84 City: Pensacola FL 85 Zip Code: 32506

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FARRINGTON, RED		1.2 NAME		
STREET ADDRESS	P. O. BOX 37296 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NARCISCO, NELLIE		2.2 NAME		
STREET ADDRESS	643 CEDAR BLUFF DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WERHAN, CLYDE		3.2 NAME	CASUGA Rey	
STREET ADDRESS	5835 KAISER LANE		3.3 STREET ADDRESS	9927 Lillian Highway	
CITY-ST-ZIP	PENSACOLA FL 32507		3.4 CITY-ST-ZIP	Pensacola, Fl 32506	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BARBER, SUSAN		4.2 NAME	HERRERA DIVINA	
STREET ADDRESS	5655 N. 9TH AVE., ROOM 206		4.3 STREET ADDRESS	920 N. Navy Blvd.	
CITY-ST-ZIP	PENSACOLA FL 32504		4.4 CITY-ST-ZIP	Pensacola, Fl. 32506	
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		

CR2E037 (4/97)

14. I do 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.

Red Farrington - President
SIGNATURE REQUIRED 8-6-97 (850) 478-3232