

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90017 036 \*\*\*\*70.00

|                                                                                                                                                                                                                               |                                                                                                  |                                                                                     |                                                                                                                                                                 |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 729314</b><br>1. Entity Name<br><b>FILIPINO-AMERICAN ASSOCIATION OF PENSACOLA, INC.</b>                                                                                                                         |                                                                                                  |                                                                                     |                                                                                                                                                                 |  |  |
| Principal Place of Business<br><b>234 WEST OAKFIELD RD.<br/>PENSACOLA FL 32503<br/>US</b>                                                                                                                                     |                                                                                                  |                                                                                     | Mailing Address<br><b>PO BOX 36478<br/>PENSACOLA FL 32516</b>                                                                                                   |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                     |                                                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                                                                                                 |                                                                                   |  |
| City & State                                                                                                                                                                                                                  |                                                                                                  | City & State                                                                        |                                                                                                                                                                 |                                                                                   |  |
| Zip                                                                                                                                                                                                                           | Country                                                                                          | Zip                                                                                 | Country                                                                                                                                                         | 4. FEI Number<br><b>23-7413122</b>                                                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                          |                                                                                                  |                                                                                     |                                                                                                                                                                 | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HILL, GINA<br/>4375 CANTON CRT<br/>GULF BREEZE FL 32563</b>                                                                                                         |                                                                                                  |                                                                                     | 7. Name and Address of New Registered Agent<br><br><b>Name Golen,<br/>Street Address 908 Decatur Ave.<br/><br/>City Pensacola FL 32507<br/><br/>FL Zip Code</b> |                                                                                   |  |
| 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: <b>Estelita V. Golen, Treasurer</b> <i>Estelita V. Golen</i> <b>Aug. 5, 2008</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                    |                                                                                                  |                                                                                     |                                                                                                                                                                 |                                                                                   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By September 3, 2008</b>                                                                                                                                                                  |                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                 | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                      |                                                                                                  |                                                                                     |                                                                                                                                                                 |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                                                  |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>P</b><br><b>BERNAL, BENNIE</b><br><b>940 RUSTIC LANE</b><br><b>PENSACOLA FL 32506</b>         |                                                                                     | <input type="checkbox"/> Delete                                                                                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>VP</b><br><b>RUIZ, JESS</b><br><b>6510 ANTIETAM DR</b><br><b>PENSACOLA FL 32503</b>           |                                                                                     | <input checked="" type="checkbox"/> Delete                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>S</b><br><b>LINEBAUGH, MARIE L</b><br><b>630 SEAPINE CIR</b><br><b>PENSACOLA FL 32506</b>     |                                                                                     | <input type="checkbox"/> Delete                                                                                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>TT</b><br><b>HILL, GINA</b><br><b>4375 CANTON CRT</b><br><b>GULF BREEZE FL 32563</b>          |                                                                                     | <input checked="" type="checkbox"/> Delete                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>SD</b><br><b>AGUILA, NING</b><br><b>6077 STRICKLAND PL</b><br><b>PENSACOLA FL 32506</b>       |                                                                                     | <input type="checkbox"/> Delete                                                                                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>SD</b><br><b>DIOSO, LILIA</b><br><b>10405 AILERON DR</b><br><b>PENSACOLA FL 32506</b>         |                                                                                     | <input type="checkbox"/> Delete                                                                                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>TT</b><br><b>GOLEN, ESTELITA V.</b><br><b>908 DECATUR AVE</b><br><b>PENSACOLA FL 32507</b>    |                                                                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>SD</b><br><b>MERCADO, ANICETO</b><br><b>1261 Santa Fe Circle</b><br><b>PENSACOLA FL 32505</b> |                                                                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <b>SD</b><br><b>GALACE, HELEN</b><br><b>6441 MEMPHIS AVE</b><br><b>PENSACOLA FL 32526</b>        |                                                                                     | <input type="checkbox"/> Change <input checked="" 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 like empowered.

SIGNATURE: *Estelita V. Golen* **Estelita V. Golen, Treasurer** **Aug. 5, 2008** **850-453-1549**