2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# 729314

Entity Name: FILIPINO-AMERICAN ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

234 WEST OAKFIELD RD.
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 36478
PENSACOLA, FL 32516

New Mailing Address:

FEI Number: 23-7413122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HILL, GINA
4375 CANTON CRT
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

GOLEN, ESTELITA V
908 DECATUR AVENUE
PENSACOLA, FL 32507 US

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.

SIGNATURE: ESTELITA V. GOLEN 05/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BERNAL, BENNIE	
Address:	940 RUSTIC LANE	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	VP	( ) Delete
Name:	RUSSELL, SLONE	
Address:	3001 CLASSIC DR	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	S	( ) Delete
Name:	LINEBAUGH, MARIE L	
Address:	630 SEAPINE CIR	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	TT	( ) Delete
Name:	GOLEN, ESTELITA V	
Address:	908 DECATUR AVE	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	SD	( ) Delete
Name:	AGUILA, NING	
Address:	6077 STRICKLAND PL	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	SD	( ) Delete
Name:	DIOSO, LILIA	
Address:	10405 AILERON DR	
City-St-Zip:	PENSACOLA, FL 32506	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTELITA V. GOLEN TT 05/06/2009
Electronic Signature of Signing Officer or Director Date