

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90082 002 ****61.25

DOCUMENT # 729314

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



Principal Place of Business

**234 WEST OAKFIELD RD.
PENSACOLA FL 32503
US**

Mailing Address

**PO BOX 36478
PENSACOLA FL 32516**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7413122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75: Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLEN, ESTELITA V
908 DECATUR AVE
PENSACOLA FL 32507**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	DP CONTRERAS, DANITO 3041 RANCHETTE SQUARE GULF BREEZE FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DICSO, LILIA 10405 AILERON AVE PENSACOLA FL 32506	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAPINA, TERESA 6306 GREENWOOD DR MILTON FL 32570	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLEN, ESTELITA V 908 DECATUR AVE PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD COLE, FLORENCE 848 STERLINGWAY PENSACOLA FL 32506	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 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

April 30, 2003

850-453-1549

CR2E037 (10/02)