

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 735903 (7)
1. Corporation Name
PILIPINO-AMERICAN ASSOCIATION OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 0683
TAMPA FL 33601P.O. BOX 0683
TAMPA FL 33601-06833. Date Incorporated or Qualified
05/24/19763a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANCO, VALENTIN B
7819 N 53RD ST
TAMPA FL 33617

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PROD
PERALES, JESS
USF BOX 30623, 4202 E FOWLER AVE
TAMPA FL ☒ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PROD
JOSEPH BARUTA
6418 N. GRADY AVE, TAMPA, FL ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RUELO, VIRGINIA L.
16409 ASHWOOD DR
TAMPA FL ☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SD
MARIA A. GREGORIS
7819 N 53RD ST.
TAMPA, FL 33617 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BLANCO, VALENTIN B
7819 N 53RD ST
TAMPA FL ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JAMO, MEDEN A.
3012 CEDARIDGE DR
TAMPA FL ☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTIANO, BING
791 WEATHERSFIELD DR
DUNEDIN FL ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADKINSON, MARIA
249-B POMPANO DR SE
ST PETERSBURG FL ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 the 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; that the receiver is duly 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 new to the corporation with an address.

SIGNATURE: VALENTIN B. BLANCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-97

Date

Daytime Phone # 0000000

CR2E037 (9/96)