2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 735903

1. Entity Name
PILIPINO-AMERICAN ASSOCIATION OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
1208 MAGNOLIA WOODS CT. LUTZ, FL 33558	1208 MAGNOLIA WOODS CT. LUTZ, FL 33558

DO NOT WRITE IN THIS SPACE

03262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1800382
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARUTA, JOSEPH P
1208 MAGNOLIA WOODS COURT
LUTZ, FL 33549

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UN00000104135
04/05/04-80025-022 61 25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMILTON, ABBY
STREET ADDRESS	10507 CASTLEFORD WAY
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	VP
NAME	BARUTA, PETER
STREET ADDRESS	1208 MAGNOLIA WOODS CT
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	S
NAME	FERGUSON, LUCY
STREET ADDRESS	9602 N EDISON AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	T
NAME	HAMILTON, MARK D
STREET ADDRESS	10507 CASTLEFORD WAY
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	PRO
NAME	LONTOK, JOCELYN
STREET ADDRESS	6407 MOSS WAY
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	BARUTA, JOSEPH
STREET ADDRESS	1208 MAGNOLIA WOODS COURT
CITY-ST-ZIP	LUTZ, FL 33558

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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: Mark D. Hamilton 3/31/04 727 844 9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #