2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90181 043 ****61.25

DOCUMENT # 735903

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

S04475Y

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

02252005 Chg-NP CR2E037 (10/03)

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 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

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2005

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	P HAMILTON, ABBY 10507 CASTLEFORD WAY TAMPA, FL 33626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROQUE C. BARRIDO 1924 BARRINGTON DR. W. CLEARWATER, FL. 33763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARUTA, PETER 1208 MAGNOLIA WOODS CT LUTZ, FL 33558	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jose Omila 5033 Bernadette Dr. Zephyr Hills, FL 33541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERGUSON, LUCY 9602 N EDISON AVENUE TAMPA, FL 33612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ABRIL R. BARRIDO 1924 BARRINGTON DR. W. CLEARWATER, FL 33763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAMILTON, MARK D 10507 CASTLEFORD WAY TAMPA, FL 33626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRO LONTOK, JOCELYN 6407 MOSS WAY TAMPA, FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARUTA, JOSEPH 1208 MAGNOLIA WOODS COURT LUTZ, FL 33558	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER A. BARUTA 1208 MAGNOLIA WOODS CT. LUTZ, FL 33558	☒ 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: _____ 4/26/05 8138171904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #