2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 735903

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

Current Principal Place of Business:

1208 MAGNOLIA WOODS CT.
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

1208 MAGNOLIA WOODS CT.
LUTZ, FL 33558

New Mailing Address:

FEI Number: 59-1800382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BARRIDO, ROQUE C	
Address:	1924 BARRINGTON DR. W	
City-St-Zip:	CLEARWATER, FL 33763	
Title:	VP	( ) Delete
Name:	OMILA, JOSE	
Address:	5033 BERNADETTE DR	
City-St-Zip:	ZEPHYRHILLS, FL 33541	
Title:	S	( ) Delete
Name:	BARRIDO, APRIL R	
Address:	1924 BARRINGTON DR. W	
City-St-Zip:	CLEARWATER, FL 33763	
Title:	T	( ) Delete
Name:	HAMILTON, MARK D	
Address:	PO BOX 641	
City-St-Zip:	ELFERS, FL 34680	
Title:	PRO	( ) Delete
Name:	LONTOK, JOCELYN	
Address:	6407 MOSS WAY	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	(X) Delete
Name:	BARUTA, PETER A	
Address:	1208 MAGNOLIA WOODS COURT	
City-St-Zip:	LUTZ, FL 33558	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	FORTSON, AURORA	
Address:	11502 BRAESIDE PL	
City-St-Zip:	TAMPA, FL 33612	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	HAMILTON, JEAN A	
Address:	PO BOX 641	
City-St-Zip:	ELFERS, FL 34680	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PRO	(X) Change ( ) Addition
Name:	UY, AMY	
Address:	2003 GREGORY DRIVE	
City-St-Zip:	TAMPA, FL 33613	
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: MARK D HAMILTON T 04/15/2009

Electronic Signature of Signing Officer or Director — Date