

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996-2696 B

4650 C  
(4)

DOCUMENT # 745003

1. Corporation Name

BAYANIHAN CLUB, INCORPORATED



Principal Place of Business

Mailing Address

~~5150 SACINAW AVE.  
JACKSONVILLE FL 32210  
86~~

~~5150 SACINAW AVE.  
JACKSONVILLE FL 32210  
86~~

3. Date Incorporated or Qualified  
11/17/1978

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5241 ANCHOR AVE  
Suite, Apt. #, etc.

26 5241 ANCHOR AVE  
Suite, Apt. #, etc.

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

22 JACKSONVILLE, FL.

27 JACKSONVILLE FLA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 ZIP 32244 Country USA

28 ZIP 32244 Country USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MILLADO, BEN  
5150 SACINAW AVE.  
JACKSONVILLE FL 32210~~

B1 Name DOUGLAS BIALA  
B2 Street Address (P.O. Box Number is Not Acceptable) 5241 ANCHOR AVE  
B3  
B4 City JACKSONVILLE FL B5 Zip Code 32244

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 Douglas B. Biala

(NOTE: Registered Agent signature required when renouncing)

4/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLADO, BEN	
STREET ADDRESS	5150 SACINAW AVE.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BIALA, DOUGLAS	
STREET ADDRESS	5241 ANCHOR AVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUINDOZA, LI	
STREET ADDRESS	4745 TARA WOOD DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAPADAS, GLEOFE	
STREET ADDRESS	8022 WILCliff CT.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, ROGER	
STREET ADDRESS	8894 DOMPIERRE DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASH, SHELDON	
STREET ADDRESS	4041 ERNEST ST.	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOUGLAS B BIALA	
1.3 STREET ADDRESS	5241 ANCHOR AVE	
1.4 CITY - ST - ZIP	JAX. FLA. 32244	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESTER VELASCO	
2.3 STREET ADDRESS	3285 HIDDEN LAKE DR	
2.4 CITY - ST - ZIP	JAX. FLA. 32216	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSIE NAGALES	
3.3 STREET ADDRESS	5354 MARGARET ST.	
3.4 CITY - ST - ZIP	ORANGE PARK 32068	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLEOFE RAPADAS	
4.3 STREET ADDRESS	8022 WILCliff CT.	
4.4 CITY - ST - ZIP	JAX. FLA. 32244	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RHINO ANTONIO	
5.3 STREET ADDRESS	5115 TIMAWATHA DR	
5.4 CITY - ST - ZIP	JAX FLA. 32210	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SHELDON CASH	
6.3 STREET ADDRESS	4041 ERNEST STREET	
6.4 CITY - ST - ZIP	JAX. FLA. 32204	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this 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 or the receiver or trustee 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 on an attachment with an address

SIGNATURE: Douglas B. Biala

4/14/96

(404) 778-7530

CR2E037 (12/95)