

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745003 (4)**

1. Corporation Name  
**BAYANIHAN CLUB, INCORPORATED**



Principal Place of Business <b>5241 ANCHOR AVENUE JACKSONVILLE FL 32244 US</b>	Mailing Address <b>5241 ANCHOR AVENUE JACKSONVILLE FL 32244-3117 US</b>
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3. Date Incorporated or Qualified <b>11/17/1978</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**BIALA, DOUGLAS  
5241 ANCHOR AVENUE  
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIALA, DOUGLAS B.</b>	1.2 NAME	
STREET ADDRESS	<b>5241 ANCHOR AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELASCO, ESTER</b>	2.2 NAME	
STREET ADDRESS	<b>3285 HIDDEN LAKE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>NAGALAS, JOSIE</del>	3.2 NAME	<b>S LEE QUINDORA</b>
STREET ADDRESS	<del>6364 MARGARET STREET</del>	3.3 STREET ADDRESS	<b>4745 TARA WOODS DR. E</b>
CITY-ST-ZIP	<del>ORANGE PARK FL</del>	3.4 CITY-ST-ZIP	<b>JAX. FLA. 32210</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAPADAS, CLEOFF</b>	4.2 NAME	
STREET ADDRESS	<b>8022 W. CLIFF COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTONIO, RHYNO</b>	5.2 NAME	
STREET ADDRESS	<b>5115 TIMAWATHA AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CASH, SHELDON</del>	6.2 NAME	<b>D JULIE BUN!</b>
STREET ADDRESS	<del>4041 ERNEST STREET</del>	6.3 STREET ADDRESS	<b>1745 PAPAYA DR. N.</b>
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>	6.4 CITY-ST-ZIP	<b>ORANGE PARK 32073</b>

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 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: BIALA DOUGLAS B. BIALA **2/17/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # 0006478

CR2E037 (9/96)