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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745003 (4)

1. Corporation Name
BAYANIHAN CLUB, INCORPORATED



Principal Place of Business 5241 ANCHOR AVENUE JACKSONVILLE FL 32244 US	Mailing Address 5241 ANCHOR AVENUE JACKSONVILLE FL 32244 US
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3. Date Incorporated or Qualified 11/17/1978	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	BIALA, DOUGLAS B.
STREET ADDRESS	5241 ANCHOR AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	VELASCO, ESTER
STREET ADDRESS	3285 HIDDEN LAKE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	QUINDOZA, LEE
STREET ADDRESS	4745 TARA WOODS DRIVE E.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	RAPADAS, CLEOFF
STREET ADDRESS	8022 W. CLIFF COURT
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANTONIO, RHYNO
STREET ADDRESS	5115 TIMAWATHA AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BUNI, JULIE
STREET ADDRESS	1745 PAPAYA DRIVE N.
CITY-ST-ZIP	ORANGE PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BEN QUINDOZA
4.3 STREET ADDRESS	4745 TARA WOODS E.
4.4 CITY-ST-ZIP	JACKSONVILLE FLA
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MIKE AURE
5.3 STREET ADDRESS	6283 CRANBERRY LANE E.
5.4 CITY-ST-ZIP	JACKSONVILLE FLA
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AMADO MEDICIA
6.3 STREET ADDRESS	8053 DEL BRIDGE CT.
6.4 CITY-ST-ZIP	JACKSONVILLE FLA

14. 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 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* **BIALA DOUGLAS B 5/5/98 904-772-7088**

CR2E037 (10/97)