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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745003

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/17/1978

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

P
 NAME **BIALA, DOUGLAS B.**
 STREET ADDRESS **5241 ANCHOR AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE

V
 NAME **VELASCO, ESTER**
 STREET ADDRESS **3285 HIDDEN LAKE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE

S
 NAME **QUINDOZA, LEE**
 STREET ADDRESS **4745 TARA WOODS DRIVE E.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE

T
 NAME **QUINDOZA, BEN**
 STREET ADDRESS **4745 TARA WOOD SE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE

D
 NAME **AURE, MIKE**
 STREET ADDRESS **6283 ORANBERRY LANE E**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE

D
 NAME **MEDICA, AMADO**
 STREET ADDRESS **8653 DEL BRIDGE ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MEDICA AMADO
8653 DEL BRIDGE ST
JACKSONVILLE FL

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

Date

Daytime Phone #

1/10/99

772-7500

CR2E037 (11/98)