

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90164 026 ****61.25

DOCUMENT # 745003

1. Entity Name
BAYANIHAN CLUB, INCORPORATED



Principal Place of Business
**4745 TARA WEEDS DR E.
JACKSONVILLE FL 32210
US**

Mailing Address
**4745 TARA WEEDS DR E.
JACKSONVILLE FL 32210
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
4745 tara woods Dr. E.
City & State
Jacksonville, Fl

Suite, Apt. #, etc.
4745 Tara Woods Dr. E
City & State
Jacksonville, Fl

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip Country
32210-7971 Duval

Zip Country
32210-7971 Duval

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINDOZA, BENJAMIN M
4745 TARA WOODS DRIVE EAST
JACKSONVILLE FL 32210**

Name
Quindoza, Benjamin M.
Street Address (P.O. Box Number is Not Acceptable)
4745 Tara Woods Drive East
City
Jacksonville FL Zip Code
32210-7971

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Benjamin M. Quindoza*

4/21/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	QUINDOZA, BENJAMIN M	
STREET ADDRESS	4745 TARA WOODS DR EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V	<input type="checkbox"/> Delete
NAME	VERGARA, EDWIN	
STREET ADDRESS	1782 BARLETT AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
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	IMOTAN, MERCY	
STREET ADDRESS	6063 CARLA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAUDIO, TINA	
STREET ADDRESS	5105 BRAGG RD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACUNA, SID	
STREET ADDRESS	6239 FAULKNER DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quindoza, Benjamin M.	
STREET ADDRESS	4745 Tara Woods Dr East	
CITY-ST-ZIP	Jacksonville, Fl 32210-7971	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vergara, Edwin	
STREET ADDRESS	1782 Barlett Avenue	
CITY-ST-ZIP	Orange Park, Fl 32073	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quindoza, Lee	
STREET ADDRESS	4745 Tara Woods Dr E.	
CITY-ST-ZIP	Jacksonville, Fl 32210-7971	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Imotan, Mercy	
STREET ADDRESS	6063 Carla St.	
CITY-ST-ZIP	Jacksonville, Fl 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claudio, Tina	
STREET ADDRESS	5105 Bragg Rd.	
CITY-ST-ZIP	Jacksonville, Fl. 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Acuna, Sid	
STREET ADDRESS	6239 Faulkner Dr	
CITY-ST-ZIP	Jacksonville, Fl 32244	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Benjamin M. Quindoza*
BENJAMIN M. QUINDOZA

21 April 2003 904 771-5992

CR2E037 (10/02)