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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 762203

1. Corporation Name
PHILIPPINE AMERICAN ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business
 8180 NW 47 DR
 P.O. BOX 5369
 CORAL SPRINGS, FL 33067
 US

Mailing Address
 3009 NW 120 WAY
 SUNRISE FL 33323
 US



2. Principal Place of Business

21 **3801 N. Federal Hwy**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **3801 N. Federal Hwy**
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/19/1982

4. FEI Number
59-2674451

Applied For
 Not Applicable

23 City & State

Pompano Beach, FL

28 City & State

Pompano Beach FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

33064

25 Country

USA

29 Zip

33064

30 Country

USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GAUDIOSI, JOHN
3801 N. FEDERAL HWY
POMPAÑO BEACH FL 33064

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 617.1506, 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 **P** DELETE
 NAME **PRECY, LUM**
 STREET ADDRESS **8180 NW 47 DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **V** DELETE
 NAME **GORDON, ALICE**
 STREET ADDRESS **1200 SW 12TH ST**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33341**

TITLE **DS** DELETE
 NAME **BARRIAS, DENCY**
 STREET ADDRESS **5160 SW 19TH ST.**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** DELETE
 NAME **GARCIA, RIC**
 STREET ADDRESS **1085 DEERWOOD LN**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** DELETE
 NAME **BOMAN, BERTHO**
 STREET ADDRESS **11600 NW 20TH ST**
 CITY-ST-ZIP **PLANTATION FL 33323**

TITLE **D** DELETE
 NAME **GALINDO, DIOSDADO**
 STREET ADDRESS **11871 SW 43RD ST**
 CITY-ST-ZIP **DAVIE FL 33330**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** Change Addition
 1.2 NAME **Nemia L. Schulte**
 1.3 STREET ADDRESS **2335 E. Atlantic Blvd. #300**
 1.4 CITY-ST-ZIP **Pompano Beach, FL 33062**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **Treasurer** Change Addition
 3.2 NAME **Nida O. Winnett**
 3.3 STREET ADDRESS **11761 SW 52nd Court**
 3.4 CITY-ST-ZIP **Leopold City, FL 33330**

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

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: *Nemia L. Schulte* **SIGNATURE** **President** **4-27/99** **954 946-1881**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)