

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38946 (2)
1. Corporation Name
BAYANIHAN INTERNATIONAL LADIES ASSOCIATION, INC.

Principal Place of Business Mailing Address
1224 FOREST CIRCLE ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/19/1990** 3a. Date of Last Report **06/21/1994**
4. FEI Number **59-3017343** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FONTANILLA, LEILANI M.
1224 FOREST CIRCLE
ALTAMONTE SPRINGS FL 32714**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTANILLA, LEILANI M.	1 2 NAME	
STREET ADDRESS	1224 FOREST CIRCLE	1 3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPGS. FL	1 4 CITY - ST - ZIP	
TITLE	VPD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCAMO, MARIA	2 2 NAME	
STREET ADDRESS	3062 LAHARIAS DRIVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2 4 CITY - ST - ZIP	
TITLE	SD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, CICELY	3 2 NAME	
STREET ADDRESS	1882 CROWLEY CIRCLE EAST	3 3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	3 4 CITY - ST - ZIP	
TITLE	SD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNK, TERRY J.	4 2 NAME	
STREET ADDRESS	1278 TIMBERLAND TRAIL	4 3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	4 4 CITY - ST - ZIP	
TITLE	TD	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUDEL, STERLING	5 2 NAME	
STREET ADDRESS	3305 AUTUMN WOOD TRAIL	5 3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, JULIEANN M.	6 2 NAME	
STREET ADDRESS	1228 FOREST CIR.	6 3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPGS. FL	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Leilani M. Fontanilla* 7/15/95 862-6263
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CR2E037 (3/95)