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**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90174 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38946**

1. Corporation Name  
**BAYANIHAN INTERNATIONAL LADIES ASSOCIATION, INC.**

Principal Place of Business 1228 FOREST CIR ALTAMONTE SPRINGS FL 32714 US	Mailing Address 1228 FOREST CIR ALTAMONTE SPRINGS FL 32714 US
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21028 - 90174 - 46



2. Principal Place of Business 21 <b>SAME</b>	2a. Mailing Address 26 <b>SAME</b>	3. Date Incorporated or Qualified <b>06/19/1990</b>
Suite, Apt. #, etc. 22 <b>////</b>	Suite, Apt. #, etc. 27 <b>////</b>	4. FEI Number <b>59-3017343</b>
City & State 23 <b>////</b>	City & State 28 <b>////</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>////</b>	Country 25 <b>////</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**CRUZ, JULIEANN M**  
**1228 FOREST CIR**  
**ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name **SAME**

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 *Julieann M. Cruz* **Julieann M. Cruz (President)** **4-29-99**  
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	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>CRUZ, JULIEANN M</b>
STREET ADDRESS	<b>1228 FOREST CIR</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS. FL 32714</b>
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE
NAME	<b>STERLING, MARDEL</b>
STREET ADDRESS	<b>3305 AUTUMN WOOD TRL</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>CARABALLO, ANNA</b>
STREET ADDRESS	<b>1405 YVONNE ST</b>
CITY-ST-ZIP	<b>APOPKA FL 32712</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>JARANILLA, ROSA</b>
STREET ADDRESS	<b>155 WILDWOOD DR</b>
CITY-ST-ZIP	<b>SANFORD FL 32773</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>KERR, SICELY</b>
STREET ADDRESS	<b>1862 CROWLEY CIRCLE EAST</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
TITLE	<b>PRT</b> <input type="checkbox"/> DELETE
NAME	<b>SO, VERLINA</b>
STREET ADDRESS	<b>1228 FOREST CIR</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS. FL 32714</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SAME</b>
1.3 STREET ADDRESS	<b>SAME</b>
1.4 CITY-ST-ZIP	<b>SAME</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SAME</b>
2.3 STREET ADDRESS	<b>SAME</b>
2.4 CITY-ST-ZIP	<b>SAME</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>(Address Change)</b>
3.3 STREET ADDRESS	<b>717 Hummingbird Street</b>
3.4 CITY-ST-ZIP	<b>Orlando, Florida 32825</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Joyce Borkowski</b>
4.3 STREET ADDRESS	<b>2436 King Oak Ct.</b>
4.4 CITY-ST-ZIP	<b>St. Cloud, Florida 34769</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Jeanette O'Meara</b>
5.3 STREET ADDRESS	<b>2628 Wimbledon Ct.</b>
5.4 CITY-ST-ZIP	<b>Ocoee, Florida 34761</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>(Address Change)</b>
6.3 STREET ADDRESS	<b>3058 Windchime Circle North</b>
6.4 CITY-ST-ZIP	<b>Apopka, Florida 32703</b>

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: *Julieann M. Cruz* **Julieann M. Cruz** **4-29-99** **(407)682-4095**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)