



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State
 02-14-2007 90049 001 ****61.25

DOCUMENT # N38946					
1. Entity Name BAYANIHAN INTERNATIONAL LADIES ASSOCIATION, INC.					
Principal Place of Business 1228 FOREST CIR. ALTAMONTE SPGS., FL 32714 US		Mailing Address 1228 FOREST CIR ALTAMONTE SPGS., FL 32714 US		 02032007 Chg-NP CR2E037 (12/06)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3017343	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CRUZ, JULIEANN 1228 FOREST CIR ALTAMONTE SPGS., FL 32714				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINEDA, BONNIE		NAME		
STREET ADDRESS	1314 OLD MT DORA ROAD		STREET ADDRESS		
CITY-ST-ZIP	EUTIS, FL 32726		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STERLING, PAT		NAME		
STREET ADDRESS	2073 SAILBOROUGH CT STONEY BROOK WEST		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	CS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BESIACK, ALICE		NAME		
STREET ADDRESS	8645 BRACKENWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'MEARA, JEANETTE		NAME		
STREET ADDRESS	2628 WIMBLEDON CT		STREET ADDRESS		
CITY-ST-ZIP	OCOOE, FL 34761		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, KATHY		NAME		
STREET ADDRESS	1220 FOREST CIR		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS., FL 32714		CITY-ST-ZIP		
TITLE	PRT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLOYD, JULIE		NAME		
STREET ADDRESS	626 RUGBY ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jeannette O'Meara</i>		Date: 2/12/07		Daytime Phone #: 407-298-4497	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	