


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90039 026 \*\*\*\*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

**60025001**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3017343**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PINEDA, BONNIE 1314 OLD MT DORA ROAD EUTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Julieann Cruz</i> 1228 Forest Cir Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS STERLING, PAT 2073 SAILBOROUGH CT STONEY BROOK WEST WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Verlina Prescott</i> 3058 Windchime Circle North Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BESIACK, ALICE .8645 BRACKENWOOD DRIVE ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Gloria Gutierrez</i> 9426 Brackin Street Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'MEARA, JEANETTE 2628 WIMBLETON CT OCOEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, KATHY 1220 FOREST CIR ALTAMONTE SPGS., FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRT FLOYD, JULIE 626 RUGBY ST ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *JEANETTE O'MEARA* **Treasurer** **4/14/08** **407-298-4497**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #