

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90341 032 ****61.25

DOCUMENT # N38946
1. Entity 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**

55041318

2. Principal Place of Business
9426 Brackin St

3. Mailing Address
9426 Brackin St

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando, FL

Zip
32825

Country
Orange

Zip
32825

Country
Orange

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 M
1228 FOREST CIR
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name **GLORIA O'NEILL**

Street Address (P.O. Box Number is Not Acceptable)
9426 Brackin St

City **Orlando** FL Zip Code **32825**

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 *[Signature]* DATE **4-7-03**

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

FILE NOW: PEE/IS **\$61.25**

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

TITLE PD	NAME CRUZ, JULIEANN M	<input type="checkbox"/> Delete
STREET ADDRESS 1228 FOREST CIR		
CITY-ST-ZIP ALTAMONTE SPGS. FL 32714		
TITLE VPT	NAME STERLING, MARDEL	<input type="checkbox"/> Delete
STREET ADDRESS 3305 AUTUMN WOOD TRL		
CITY-ST-ZIP APOPKA FL 32703		
TITLE ST	NAME BESLACK, ALICE	<input type="checkbox"/> Delete
STREET ADDRESS 8645 BRACKENWOOD DRIVE		
CITY-ST-ZIP ORLANDO FL 32829		
TITLE RS	NAME CHAMBERS, ENA	<input type="checkbox"/> Delete
STREET ADDRESS 3179 FOXWOOD DR		
CITY-ST-ZIP APOPKA FL 32703		
TITLE T	NAME O'MEARA, JEANETTE	<input type="checkbox"/> Delete
STREET ADDRESS 2628 WIMBLEDON CT		
CITY-ST-ZIP OCOOEE FL 34761		
TITLE PRT	NAME FLOYD, JULIE	<input type="checkbox"/> Delete
STREET ADDRESS 626 RUGBY ST		
CITY-ST-ZIP ORLANDO FL 32804		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME GLORIA O'NEILL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9426 Brackin St		
CITY-ST-ZIP Orlando, FL 32825		
TITLE VPT	NAME Jeanette O'Meara	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2628 WIMBLEDON CT.		
CITY-ST-ZIP OCOOEE, FL 34761		
TITLE ST	NAME Beslack, Alice	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8645 Brackenwood Drive		
CITY-ST-ZIP Orlando, FL 32829		
TITLE RS	NAME RAT STERLING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3305 AUTUMN WOOD TR		
CITY-ST-ZIP APOPKA, FL 32703		
TITLE T	NAME JEANETTE O'MEARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2628 Wimbeldon Ct.		
CITY-ST-ZIP ORL FL 34761		
TITLE PRT	NAME FLOYD JULIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 626 Rugby St		
CITY-ST-ZIP Orlando FL 32804		

12. 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 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 this filing, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/7/03** (407)592-6274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)