

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90134 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44786

1. Corporation Name

PHILIPPINE PERFORMING ARTS COMPANY, INC.

Principal Place of Business

5701 N. 20TH ST.
TAMPA FL 33610

Mailing Address

5033 BERNADETTE DRIVE
ZEPHYRHILLS FL 33541



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/21/1991
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3087640
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

OMILA, JOSE HORSTMANN
5033 BERNADETTE DRIVE
ZEPHYRHILLS FL 33541-1910

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIANO, OLIVA	1.2 NAME	
STREET ADDRESS	791 WEATHERFIELD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSQUERA, BEN P MD	2.2 NAME	
STREET ADDRESS	681 BAY LAUREL CT NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUA, WILLIAM MD	3.2 NAME	
STREET ADDRESS	6325 GARLAND CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUELO, ROBERTO	4.2 NAME	
STREET ADDRESS	16409 ASHWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANAN, ESTHER	5.2 NAME	
STREET ADDRESS	4618 BAY TO BAY BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABINALES, PACITA M	6.2 NAME	
STREET ADDRESS	1522 75TH CIRCLE NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	6.4 CITY-ST-ZIP	

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: SIGNATURE REQUIRED TREASURER 2/18/99 (727) 893-1438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LIBERTY S. CALLOWAY Date: Daytime Phone #

CR2E037 (11/98)

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Doc# N4

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PHILIPPINE PERFORMING ARTS CO INC

LIST OF OFFICERS

Jose Omila, Executive Director
5033 Bernadette Drive, Zephyrhills, FL 33541
(813) 931-8687

Jocelyn S. Lontok, Assistant Executive Director
6407 Moss Way, Tampa, FL 33625
(727) 734-6900

Aurora S. Curioso, Secretary
408 Van Reed Manor Dr, Brandon, FL 33511
(813) 276-1776

Liberty S. Galloway, Treasurer
1880 Oak Street, Clearwater, FL 33760
(727) 531-0840

Arnel Biglete, Public Relations Officer
207 S. Grady Ave, Tampa, FL 33609
(813) 969-4127

Jose Aclan, Auditor
6203 Chauncy Street, Tampa, FL 33647
(813) 971-1210