FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50030 (8)

1. Corporation Name
BIG BEND FILIPINO-AMERICAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
922 MAPLEWOOD DR TALLAHASSEE FL 32303	922 MAPLEWOOD DR TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 07/21/1992
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21 4227 Benchmark Trace	26 4227 Benchmark Trace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tallahassee, Florida	28 Tallahassee, Florida
24 Zip 32311 / 25 Country USA	29 Zip 32311 / 30 Country USA

4. FEI Number: 59-3136866 — ☐ Applied For ☑ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ESCUETA, MANDY A.
2958 GIVERNY CIR
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: CLYDE L. DIAO
82 Street Address (P.O. Box Number is Not Acceptable): 4227 Bench mark TRACE
83: Tallahassee
84 City: TALLAHASSEE FL 85 Zip Code: 32311

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] CLYDE DIAO 4/14/96
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	D	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	PESCADOR, MANUEL		1.2 NAME	BERT LINGAO	
STREET ADDRESS	5208 TOURAINE DRIVE		1.3 STREET ADDRESS	3516 FOGARTY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32308	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	DOMONDON, ERNIE		2.2 NAME	Ferdie Francisco	
STREET ADDRESS	6488 BROADTREE CT		2.3 STREET ADDRESS	2512 PATSY ANN LANE	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FLORIDA 32303	
TITLE	D	☑ DELETE	3.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	IGNATZ, MILA		3.2 NAME	REI MANZO	
STREET ADDRESS	R.R. 07 BOX 510		3.3 STREET ADDRESS	922 MAPLEWOOD AVE	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FLORIDA	
TITLE	D	☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	ESCUETA, MANDY A.		4.2 NAME	ALEX CARDONA	
STREET ADDRESS	2958 GIVERNY CIR		4.3 STREET ADDRESS	3434 Castlebar Circle	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, FLORIDA 32308	
TITLE	P	☑ DELETE	5.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME	MANZO, REI		5.2 NAME	FILEMON PATAWARI	
STREET ADDRESS	922 MAPLEWOOD AVE		5.3 STREET ADDRESS	1773 HILLN'DALE	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32311	
TITLE	S	☑ DELETE	6.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	API, JESSE		6.2 NAME	Pilar Hinchcliffe	
STREET ADDRESS	2809 STOCKLEY LANE		6.3 STREET ADDRESS	5709 SPLIT OAK LANE	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32303	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 4/14/96 878-0051 488-9314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #