

FILE NOW: FILING FEE IS \$61.25

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90013 016 ****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 # N97000005227

1. Corporation Name
FILIPINO-AMERICAN ASSOCIATION OF POLK COUNTY, IN C.

Principal Place of Business 5835 BARTOW RD S LAKELAND FL 33813	Mailing Address P O BOX 267 HIGHLAND CITY FL 33846
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/15/1997	4. FEI Number APPLIED FOR Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MAYER, CHARLES R 5835 BARTOW RD S LAKELAND FL 33813		10. Name and Address of New Registered Agent			
		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABIGAS, VIRGILO S M.D.	1.2 NAME	NORMA S. VIANZON
STREET ADDRESS	1712 BAYOU CIR	1.3 STREET ADDRESS	2405 Woodley Ave
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEHOFFER, LOURDES T	2.2 NAME	EUARISTO BADIOLA, MD
STREET ADDRESS	1236 E LIME ST	2.3 STREET ADDRESS	4726 Highlands Place Cir
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, EDNA C	3.2 NAME	EDWIN SORIANO
STREET ADDRESS	5016 DORMAN RD	3.3 STREET ADDRESS	2526 E. LAKE HARTDIGE DR
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASILIAO, HELEN	4.2 NAME	KELVIN PIMENTEL
STREET ADDRESS	2012 BENT TREE LP N	4.3 STREET ADDRESS	819 ORCHID SPRINGS DR
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDRA, MARILOU	5.2 NAME	ALICE KRAFT
STREET ADDRESS	343 HEATHERPOINT DR	5.3 STREET ADDRESS	4707 Kimbal Ct.
CITY-ST-ZIP	LAKELAND FL 33809	5.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	SHEILA ACOSTA
STREET ADDRESS		6.3 STREET ADDRESS	8059 Ridgeglen Circle E
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lakeland, FL 33809

14. 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: _____ DATE: 4/28/99 DAYTIME PHONE #: (941) 688-5525

CR2E037 (11/98)