

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90064 025 ****61.25

DOCUMENT # N9700005227 ✓
 1. Entity Name
FILIPINO-American Association of Polk County, Inc.

Principal Place of Business Mailing Address
5835 Bartow Rd S Lakeland, FL 33813 *P.O. Box 267 Highland City, FL 33846*

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 59-3513645 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Mayer, Charles R.
5835 Bartow Rd S
Lakeland, FL 33813

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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	<i>P NORMA S. VIANZON</i> <input type="checkbox"/> Delete
STREET ADDRESS	<i>2405 Woodley Ave</i>
CITY-ST-ZIP	<i>Lakeland FL 33803</i>
TITLE NAME	<i>V Evaristo Bachola, M.D.</i> <input type="checkbox"/> Delete
STREET ADDRESS	<i>4726 Highlands Place Circle</i>
CITY-ST-ZIP	<i>Lakeland FL 33813</i>
TITLE NAME	<i>T Edwin - Soriano</i> <input type="checkbox"/> Delete
STREET ADDRESS	<i>2525 E. Lake Hartidge Dr.</i>
CITY-ST-ZIP	<i>Winter Haven, FL 33884</i>
TITLE NAME	<i>S Kelvin Pimentel</i> <input type="checkbox"/> Delete
STREET ADDRESS	<i>819 Orchid Sprung Dr.</i>
CITY-ST-ZIP	<i>Winter Haven, FL 33884</i>
TITLE NAME	<i>D Alice Kraft</i> <input type="checkbox"/> Delete
STREET ADDRESS	<i>4706 Kinbal Ct.</i>
CITY-ST-ZIP	<i>Lakeland, FL 33813</i>
TITLE NAME	<i>D Sheila Acosta</i> <input type="checkbox"/> Delete
STREET ADDRESS	<i>8059 Ridgespen Cir E.</i>
CITY-ST-ZIP	<i>Lakeland, FL 33809</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: *Norma S. Vianzon* NORMA S. VIANZON *3/23/00* 863 683-8425
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)