

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005227

FILED  
Aug 17, 2005  
Secretary of State

Entity Name: FILIPINO-AMERICAN ASSOCIATION OF POLK COUNTY, INC.

**Current Principal Place of Business:**

5835 BARTOW RD S  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1717  
EATON PARK, FL 338401717

**New Mailing Address:**

FEI Number: 59-3513645      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MAYER, CHARLES R  
5835 BARTOW RD S  
LAKELAND, FL 33813      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: VALENA, LOE  
Address: 15195 ANGUS RD  
City-St-Zip: POLK CITY, FL 33868

Title: V      ( ) Delete  
Name: DIONALDO, TESSIE  
Address: 168 LAKE OTIS RD SE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T      ( ) Delete  
Name: FAVIS, TYRONE  
Address: 6551 NAVAJO TRL  
City-St-Zip: LAKELAND, FL 33813

Title: S      ( ) Delete  
Name: WILLIAMS, LISA  
Address: 226 5TH JPY ST  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D      ( ) Delete  
Name: ACOSTA, ALEX  
Address: 8059 RIDGEGLEN CIRCLE E  
City-St-Zip: LAKELAND, FL 33809

Title: D      ( ) Delete  
Name: ARROYO, GENE  
Address: 927 OAK LANE  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYRONE FAVIS

T

08/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date