

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005227

FILED  
Sep 12, 2007  
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: JAIN, MANUEL  
Address: 1488 NO. LAKE MIRROR DR. N.W.  
City-St-Zip: WINTER HAVEN, FL 33881

Title: V      ( ) Delete  
Name: TALLO, DAISY  
Address: 725 HIGHLAND PL. BLVD  
City-St-Zip: LAKELAND, FL 33813

Title: T      ( ) Delete  
Name: SAPP, NERCELITA  
Address: 5330 KINGSMONT DR.  
City-St-Zip: LAKELAND, FL 33813

Title: S      ( ) Delete  
Name: KING, BILL  
Address: 3129 FORESTBROOK DR. N  
City-St-Zip: LAKELAND, FL 33811

Title: D      ( ) Delete  
Name: ACOSTA, SHELA  
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 exemption stated in Chapter 119, 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: NERCELITA E. SAPP

Electronic Signature of Signing Officer or Director

TREA

09/12/2007

Date