
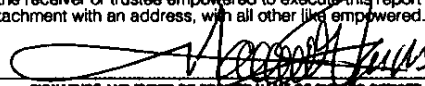


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90034 020 ****61.25

DOCUMENT # N97000005227					
1. Entity Name FILIPINO-AMERICAN ASSOCIATION OF POLK COUNTY, INC.					
Principal Place of Business 5835 BARTOW RD S LAKELAND, FL 33813			Mailing Address P O BOX 1717 EATON PARK, FL 33840-1717		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03182008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3513645	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAYER, CHARLES R 5835 BARTOW RD S LAKELAND, FL 33813			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAIN, MANUEL		NAME		
STREET ADDRESS	1488 NO LAKE MIRROR DR. N.W.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TALLO, DAISY		NAME		
STREET ADDRESS	725 HIGHLAND PL. BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAPP, NERCELITA		NAME	Consuelo Morateta	
STREET ADDRESS	5330 KINGSMONT DR.		STREET ADDRESS	3924 Whistlewood Circle	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, BILL		NAME	MARILOU ONORA	
STREET ADDRESS	3129 FORESTBROOK DR. N		STREET ADDRESS	343 Heather Point	
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ACOSTA, SHELA		NAME		
STREET ADDRESS	8059 RIDGEGLEN CIRCLE E		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARROYO, GENE		NAME		
STREET ADDRESS	927 OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Manuel G. Jain 03/28/08 863-294-8794					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					