

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90318 028 ****61.25

0013958

DOCUMENT # N97000005227

1. Entity 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 1717
EATON PARK FL 33840-1717**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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**

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	P DRAPIZA, ANDY 1402 LES LIE DR LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAGALA, ROMEO 1343 SUMMIT CHASE LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'CONNOR, DOLLY 2664 CHAMPION RIDGE DR LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIESTA, JORDAN 919 BROOKWOOD DR LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESAMERO, LILLIAN 1401 MARIGOLO DR LAKELAND FL 33811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, LITO 2246 COLONY CLUB DR LAKELAND FL 33813	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIONALDO, TESSIE 168 LAKE OTIS RD SE WINTER HAVEN, 33884	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, LISA 226 5TH JPY ST. WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAVIS, TYRONE 6551 NAVAJO TRL. LAKELAND, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SORIANO, EDWIN 2525 E. LAKE HART RIDGE DR. WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, ALEX 8059 RIDGEGLEN CIRCLE E LAKELAND, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARROYO, GENE 927 OAK LANE LAKELAND, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

ANDY DRAPIZA 9/5/03 863-670-0452

CR2E037 (4/03)

Attachment

#192000000227/10111339

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AQUI, ALEX 1350 E. MAIN ST. SUITE B4 BARTOW, FL 33830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VIANZON, NORMA 2405 WOODLEY AVE LAKELAND, FL 33803 <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVARISTO BADIOLA 4726 HIGHLANDS PLACE CIR LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALENA, LOE 15195 ANGUS DRIVE POLK CITY, FL 33868 <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUTISTA, TONY 6828 GREEN RD LAKELAND, FL 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRO WILKERSON, EVA 100 SW 4TH ST MULBERRY, FL 33860 <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAVIS, ISIDRO 3633 JOSHUA LANE LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANOLA, JUANACIO 8029 RIDGEGLEN CT. LAKELAND, FL 33809 <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, MILA 3903 LAUREL BRANCH DR LAKELAND, FL 33810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, CHARLES 920 CLARK RD. LAKELAND, FL 33815	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCADO, WILLIAM 5822 LAKE VICTORIA COVE LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANCES, CICERO 2827 MERIDIAN POINT LANE LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RARO, MARISSA 2577 HIGHLAND VIEW PKWY. LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, RICHARD 2667 HICKORY RIDGE DR LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, MEDARDO 5667 WOODWIND HILLS DR LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABOADA, AILEEN 6017 MORNINGDALE AVE LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITIO