

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 24, 2008  
Secretary of State**

DOCUMENT# N99000002407

**Entity Name:** PHILIPPINE-AMERICAN ASSOCIATION OF GAINESVILLE AND SURROUNDING AREAS, INCORPORATED

**Current Principal Place of Business:**

PAG-ASA  
13266 SW 1ST PL  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

PAG-ASA  
P.O. BOX 5485  
GAINESVILLE, FL 326025485

**New Mailing Address:**

**FEI Number:** 59-3589614      **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:**

ESTILONG, ABBY J  
13266 SW 1ST PL  
NEWBERRY, FL 32669      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: T      ( ) Delete  
Name: LIGHTNER, EDNA  
Address: 3435 NW 34TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP      ( ) Delete  
Name: CANLAS, LINDA  
Address: 24606 NW 24TH AVE  
City-St-Zip: NEWBERRY, FL 32669

Title: S      ( ) Delete  
Name: BUJIE, GLEE  
Address: 10013 HWY 27N  
City-St-Zip: ARCHER, FL 32618

Title: BOD      ( ) Delete  
Name: MARQUINEZ, ANGIE  
Address: 6025 NW 30TH TERR  
City-St-Zip: GAINESVILLE, FL 32653

**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:

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: ABBY J. ESTILONG

C

07/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date