

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

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

05-08-2003 90172 043 ****61.25

DOCUMENT # N99000002407



1. Entity Name
PHILIPPINE-AMERICAN ASSOCIATION OF GAINESVILLE AND SURROUNDING AREAS, INCORPORATED

Principal Place of Business
**PAG-ASA
P.O. BOX 5485
GAINESVILLE FL 32602-5485**

Mailing Address
**PAG-ASA
P.O. BOX 5485
GAINESVILLE FL 32602-5485**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3589614**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTILONG, ABBY J
5132 NW 29TH ST
GAINESVILLE FL 32605**

Name **ESTILONG, ABBY**

Street Address (P.O. Box Number is Not Acceptable)

13266 SW 1st PL

City **NEWBERRY**

FL

Zip Code **32669**

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

Abby J Estilong

ABBY J ESTILONG

5/4/03

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	T	<input checked="" type="checkbox"/> Delete
NAME	ARAGON, EMILIANO	
STREET ADDRESS	6235 NW 37TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	AA	<input checked="" type="checkbox"/> Delete
NAME	AZARCON, GERRY M	
STREET ADDRESS	3533 NW 84TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	MARQUEINEZ, ANGIE	
STREET ADDRESS	6025 NW 30TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REYES, MARIVEL M	
STREET ADDRESS	1915 SW 42ND DR #A	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	CERVANTES, JOE	
STREET ADDRESS	3623 NW 84TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ESTILONG, ABBY J	
STREET ADDRESS	5132 NW 29TH SST	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	TREASURER (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA LIGHTNER	
STREET ADDRESS	3435 NW 34TH TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA CARLAS	
STREET ADDRESS	24606 NW 24TH AVE	
CITY-ST-ZIP	NEWBERRY, FL 32669	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA GILBERT	
STREET ADDRESS	10251 NE 110TH ST.	
CITY-ST-ZIP	ARCHER, FL 32608	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURITA DAYANON	
STREET ADDRESS	911 NW 31ST AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	BOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABBITO ARAGON	
STREET ADDRESS	5112 NW 23RD DR.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	BOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTILONG, ABBY J	
STREET ADDRESS	13266 SW 1st PL	
CITY-ST-ZIP	NEWBERRY, FL 32669	

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:

Abby J Estilong **REQUIRED**

5/4/03

352-331-4549
352-494-6824

CR2E037 (10/02)