

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90241 037 \*\*\*\*75.00

**DOCUMENT # 727039**

1. Entity Name  
**FILIPINO CIVIC AND CULTURAL ASSOCIATION OF  
JACKSONVILLE, INC.**



Principal Place of Business  
**10060 HIDDEN BRANCH DRIVE E.  
JACKSONVILLE, FL 32257**

Mailing Address  
**10060 HIDDEN BRANCH DRIVE E.  
JACKSONVILLE, FL 32257**

40004330



01262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 4. FEI Number<br><b>23-7432927</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**6. Name and Address of Current Registered Agent**

**FERRO, LALLY V.  
10060 HIDDEN BRANCH DR E  
JACKSONVILLE, FL 32257**

**DO NOT WRITE  
IN THIS SPACE**

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 Lally V. Ferro LALLY V. FERRO April 20, 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |  |
|----------------|--|
| TITLE          | PD   |
| NAME           | <del>LACIO, LORNA</del> <b>BALUYOT, MARY</b>                   |
| STREET ADDRESS | <del>40324 AUTUMN VALLEY RD</del> <b>4478 HANOVER PARK DR</b>  |
| CITY-ST-ZIP    | <del>JACKSONVILLE, FL 32257</del> <b>JACKSONVILLE FL 32224</b> |

|                |                           |
|----------------|---------------------------|
| TITLE          | DS                        |
| NAME           | MALLARI, DITAS            |
| STREET ADDRESS | 4004 SMOKE RIDGE CIRCLE E |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32225    |

|                |  |
|----------------|--|
| TITLE          | DT                                       |
| NAME           | <del>RUEDENS, PACITA</del> <b>RUEDAS</b> |
| STREET ADDRESS | 4231 SNOWDON LANE                        |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32225                   |

|                |                          |
|----------------|--------------------------|
| TITLE          | D                        |
| NAME           | FERRO, LALLY V           |
| STREET ADDRESS | 10060 HIDDEN BRANCH DR E |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32257   |

|                |   |
|----------------|---|
| TITLE          | VD  |
| NAME           | <del>BALUYOT, MARY</del> <b>FLOMEN</b>                  |
| STREET ADDRESS | <del>4478 HANOVER PARK DR</del> <b>OLIPENDO</b>         |
| CITY-ST-ZIP    | <del>JACKSONVILLE, FL 32224</del> <b>12215 DIVIDING</b> |
|                | <b>OAKS TRAIL</b>                                       |
|                | <b>JACKSONVILLE, FL 32223</b>                           |

**DO NOT WRITE  
IN THIS SPACE**

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: LALLY V. FERRO Lally V. Ferro April 20, 2006 (904) 268-1014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #