

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 727039

1. Entity Name



**FILIPINO CIVIC AND CULTURAL ASSOCIATION OF
JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

10060 HIDDEN BRANCH DRIVE E.
JACKSONVILLE FL 32257

10060 HIDDEN BRANCH DRIVE E.
JACKSONVILLE FL 32257

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7432927

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BALUYOT, MARY	
STREET ADDRESS	4478 HANDOVER PARK DR	
CITY-STATE-ZIP	JACKSONVILLE FL 32224	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MALLARI, DITAS	
STREET ADDRESS	4004 SMOKE RIDGE CIRCLE E	
CITY-STATE-ZIP	JACKSONVILLE FL 32225	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RUEDAS, PACITA	
STREET ADDRESS	4231 SNOWDON LANE	
CITY-STATE-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRO, LALLY V	
STREET ADDRESS	10060 HIDDEN BRANCH DR E	
CITY-STATE-ZIP	JACKSONVILLE FL 32257	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLOMEN, OLIPENDO	
STREET ADDRESS	12215 DIVIDING OAKS TRL	
CITY-STATE-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000665845	
CITY-STATE-ZIP	03/23/07-80047-001 75.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

March 5, 2007

904-268-1014