2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739459

Name:

Address:

City-St-Zip:

FILED Apr 11, 2009 Secretary of State

Entity Name: FILIPINO-AMERICAN CLUB OF PINELLAS COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 7080 41ST STREET NORTH PINELLAS PARK, FL 33781 US **New Mailing Address: Current Mailing Address:** P.O. BOX 261 7080 41ST STREET PINELLAS PARK NORTH PINELLAS PARK, FL 33780 US PINELLAS PARK, FL 33781 US FEI Number: 59-1764381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMANCIA, MANCOL 7080 41ST STREET NORTH PINELLAS PARK, FL 33781 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SANTOS, ANNA SANTOS, ANNA Name: Name: 3768 103 AVE N Address: 3768 103 AVE N Address: City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: CLEARWATER, FL 33762 Title: () Delete Title: () Change () Addition AMANCIA, MANCOL Name: Name: Address: 7080 41ST ST NORTH Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: SEC () Delete Title: () Change () Addition QUEZON, ROSALINDA Name: Name: 4324 69TH AVE. NORTH Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: () Delete Title: TREA Title: () Change () Addition UMALI, AMOR Name: Name: Address: 7005 54TH AVE. N Address: City-St-Zip: SAINT PETERSBURG, FL 33709 City-St-Zip: Title: BM () Delete Title: () Change () Addition GONZALES, SLYVIA Name: Name: 126 81ST AVE N Address: Address: SAINT PETERSBURG, FL 33702 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition CAUNIN, MYRNA

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.

Name:

Address:

City-St-Zip:

SIGNATURE: AMANCIA MANCOL **PRES** 04/11/2009

1515 PINELLAS BAYWAY D39

TIERRA VERDE, FL 33715