

ANNUAL REPORT

DOCUMENT # 761707

1. Entity Name
THE PHILIPPINE BAYANIHAN ASSOCIATION, INC.



FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 010 ****70.00

Principal Place of Business
713 TUXEDO DRIVE
FT WALTON BEACH, FL 32547 US

Mailing Address
713 TUXEDO DRIVE
FT WALTON BEACH, FL 32547 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2171279

Applied For
Not Applicable

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

STILLWELL, PERPETUA B
713 TUXEDO DRIVE
FORT WALTON BEACH, FL 32547

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

Filing Fee is \$61.25
Due by May 1, 2004

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	P	<input checked="" type="checkbox"/> Delete
NAME	ROSE, CATALYNA	
STREET ADDRESS	613 MANCHESTER RD	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LOVETT, HELEN	
STREET ADDRESS	107 B OAK DRIVE	
CITY-ST-ZIP	EGLIN AFB, FL 32542	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARNES, SALVACION	
STREET ADDRESS	491 SANDY RIDGE CIRCLE	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STILLWELL, PERPETUA B	
STREET ADDRESS	713 TUXEDO DRIVE	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SALLY	
STREET ADDRESS	321 IVA PLACE S.W.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, LACY	
STREET ADDRESS	5 NW RACETRACK ROAD	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, WEENIE	
STREET ADDRESS	315 RIVER SIDE DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERFIELD, JESUSA	
STREET ADDRESS	327 CORAL DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, EVELYN	
STREET ADDRESS	21 FOREST GROVE PLACE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Perpetua B. Stillwell*

APR 7 04 850-8632376
(DATE) (PHONE NUMBER)