


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90072 001 ****61.25
03-03-2004 90072 002 *****8.75

DOCUMENT # N00000002564	
1. Entity Name PHILIPPINE AMERICAN LADIES OF MACDILL, INC.	

Principal Place of Business 4102 WISCONSIN AVENUE TAMPA FL 33616	Mailing Address 4102 WISCONSIN AVENUE TAMPA FL 33616
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MOORE CR2E037 (11/03)

2. Principal Place of Business 10509 LITHIA ESTATES DR.	3. Mailing Address 10509 LITHIA ESTATES DR.
Suite, Apt. #, etc. XXXXXXXXXXXXXXXX	Suite, Apt. #, etc. XXXXXXXXXXXXXXXX

City & State LITHIA, FLORIDA	City & State LITHIA, FLORIDA
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4. FEI Number 59-3667591	Applied For <input type="checkbox"/> Not Applicable
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Zip 33547	Country USA	Zip 33547	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MILLER, ELENA L
4102 WISCONSIN AVENUE
TAMPA FL 33616**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, JUDY 4673 31ST AVE N SAINT PETERSBURG FL 33733 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALILE, JAY 3920 PORPOISE DRIVE SAINT PETERSBURG FL 33705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM BRANESKY, MARYANN 4022 69TH ST. N SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ELENA L 4102 WISCONSIN AVE TAMPA FL 33616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHETSTONE, CONCEPTION 5037 70TH PLACE N. PINELLAS PARK FL 34665 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LOMPREZ, LIZA 11109 W ELBOW DRIVE TAMPA FL 33612 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elena L. Miller* **ELENA L. MILLER** **MARCH 1, 2004** **813-655-9779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #