

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90075 001 ****61.25
 01-27-2005 90075 002 *****8.75

66000408



01132005 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000002564			
1. Entity Name PHILIPPINE AMERICAN LADIES OF MACDILL, INC.			
Principal Place of Business 10509 LITHIA ESTATES DR LITHIA, FL 33547		Mailing Address 10509 LITHIA ESTATES DR LITHIA, FL 33547	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3667591		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, ELENA L 4102 WISCONSIN AVENUE TAMPA, FL 33616		Name <u>MILLER, ELENA LEONES</u> Street Address (P.O. Box Number is Not Acceptable) <u>10509 LITHIA ESTATES DR</u> City <u>LITHIA, FLORIDA</u> FL Zip Code <u>33547</u>	
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 <u>Elena Leones Miller - PRESIDENT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>Jan. 22, 2005</u> <small>(NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, JUDY 4673 31ST AVE N SAINT PETERSBURG, FL 33733 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURRELL, TITA 3503 PAUL AVE TAMPA, FL 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHETSTONE, CONCEPTION 5037 70TH PLACE N. PINELLAS PARK, FL 34665 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABAD, CHARIE 106 HALE AVE, APT. 216 TAMPA, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LOMPREZ, LIZA 11109 W ELBOW DRIVE TAMPA, FL 33612 <input type="checkbox"/> Delete	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: <u>Elena Leones Miller - ELENA LEONES MILLER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>Jan. 22, 2005</u> <small>Date</small>	