


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

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N00000002564 1. Entity Name PHILIPPINE AMERICAN LADIES OF MACDILL, INC.	
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Principal Place of Business 10509 LITHIA ESTATES DR LITHIA FL 33547	Mailing Address 10509 LITHIA ESTATES DR LITHIA FL 33547
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3667591	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, ELENA L 10509 LITHIA ESTATES DR LITHIA FL 33547	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete TURRELL, TITA 3303 PAUL AVE TAMPA FL 33610
TITLE	D <input type="checkbox"/> Delete ALILE, JAY 3920 PORPOISE DRIVE SAINT PETERSBURG FL 33705
TITLE	VPM <input type="checkbox"/> Delete BRANESKY, MARYANN 4022 69TH ST. N SAINT PETERSBURG FL 33709
TITLE	P <input type="checkbox"/> Delete MILLER, ELENA L 4102 WISCONSIN AVE TAMPA FL 33616
TITLE	T <input type="checkbox"/> Delete ABAD, CHARIE 106 HALE AVE APT 216 TAMPA FL 33609
TITLE	EVP <input type="checkbox"/> Delete LOMPREZ, LIZA 11109 W ELBOW DRIVE TAMPA FL 33612

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000681635 03/20/07-80045-019 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elena Leonas Miller* / ELENA LEONAS MILLER 03-06-07 813-655-9779