2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-13-2008 90020 028 ****74.96

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1. Entity Name
THE FILIPINO-AMERICAN ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
522 SE 47TH TER. CAPE CORAL, FL 33904	PO BOX 100985 CAPE CORAL, FL 33910

DO NOT WRITE IN THIS SPACE

01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1050222
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ISBERTO, MILAGROS J
1511 NE 2ND TERRACE
CAPE CORAL, FL 33909

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ISBERTO, MILAGROS J
STREET ADDRESS	1511 NE 2ND TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	D
NAME	MANALILI, SIMEON
STREET ADDRESS	1821 CORAL CIRCLE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	D
NAME	SAKORNSIN, FLORA
STREET ADDRESS	21418 SHERIDAN RUN
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	BURIAS, LERY
STREET ADDRESS	2816 SW 33RD TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	GAVIN, JEROME
STREET ADDRESS	5228 DEL PRADO BLVD.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	ANDRES, BOBBY
STREET ADDRESS	1114 SE 22ND TERR
CITY-ST-ZIP	CAPE CORAL, FL 33990

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Milagros Jeanne Isberto (MILAGROS JEANNE ISBERTO 1/29/08 C239-222-7108 H-239-458-4838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #