

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000510

FILED
Mar 08, 2010
Secretary of State

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

Current Principal Place of Business:

1634 SE 47TH STREET
SUITE #2
CAPE CORAL, FL 33910

New Principal Place of Business:

Current Mailing Address:

PO BOX 100985
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 65-1050222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ISBERTO, MILAGROS J
Address: 1511 NE 2ND TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: D
Name: MANALILI, SIMEON
Address: 1821 CORAL CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D
Name: SAKORNSIN, FLORA
Address: 21418 SHERIDAN RUN
City-St-Zip: ESTERO, FL 33928

Title: D
Name: CAANGAY, BETH
Address: 1970 HIDDEN ACRES CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D
Name: DAVID, NICASIO
Address: 5089 NORTHAMPTON DR
City-St-Zip: FT MYERS, FL 33919

Title: D
Name: ANDRES, BOBBY
Address: 1114 SE 22ND TERR
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MILAGROS JEANNE A. ISBERTO

PRES

03/08/2010

Electronic Signature of Signing Officer or Director

Date