


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 12, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90002 044 \*\*\*\*70.00

**DOCUMENT # N01000004302**

1. Entity Name  
**FLORIDA'S SPACE COAST FILIPINO-AMERICAN CHARITABLE AND EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business  
**1016 MARY JOYE AVE**  
**INDIAN HARBOUR BEACH, FL 32937**

Mailing Address  
**1016 MARY JOYE AVE**  
**INDIAN HARBOUR BEACH, FL 32937**

2. Principal Place of Business  
**3480 DEER LAKES DR.**

3. Mailing Address  
**3480 DEER LAKES DR.**

Suite, Apt. #, etc.

City & State  
**MELBOURNE FL**

City & State  
**MELBOURNE FL**


Zip  
**32940**

Country  
**BREVARD**

Zip  
**32940**

Country  
**BREVARD**

50061257



07062005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**ENRIQUE, ERIC J ESQ**  
**1900 S. HARBOR CITY BLVD**  
**MELBOURNE, FL 32901**

4. FEI Number  
**59-3736224**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ 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 September 7, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<del>CERDENA, LUCY</del> 1016 MARY JOYE AVE INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE D
NAME			VERCELES, MANUEL
STREET ADDRESS			3480 DEER LAKES DRIVE
CITY-ST-ZIP			MELBOURNE, FL 32940
TITLE D	DELA PAZ, ROMEO	<input type="checkbox"/> Delete	TITLE
NAME			
STREET ADDRESS	3234 ABBOT AVE NE		
CITY-ST-ZIP	PALM BAY, FL 32905		
TITLE D	VERCELES, MANUEL	<input checked="" type="checkbox"/> Delete	TITLE D
NAME			LIM-ORTIZ, LETICIA
STREET ADDRESS	3480 DEERLAKE BLVD		1505 PAISLEY ST.
CITY-ST-ZIP	MELBOURNE, FL 32940		PALM BAY, FL. 32908
TITLE D	BEDWELL, SALVIE	<input type="checkbox"/> Delete	TITLE
NAME			
STREET ADDRESS	3713 SECOND AVE		
CITY-ST-ZIP	VALKARIA, FL 32950		
TITLE D	ZIMMERMAN, GINA	<input type="checkbox"/> Delete	TITLE
NAME			
STREET ADDRESS	321 POLARIS DRIVE		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		
TITLE D	HARRIS, MARINA	<input type="checkbox"/> Delete	TITLE
NAME			
STREET ADDRESS	6315 MACAULEY AVE		
CITY-ST-ZIP	COCOA, FL 32927		

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 empowers.

SIGNATURE Manuel Verceles - Chairman Date 8/10/05 Daytime Phone # (321) 259-4818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR