


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000004302

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



Principal Place of Business 3480 DEER LAKES DR MELBOURNE, FL 32940	Mailing Address 3480 DEER LAKES DR MELBOURNE, FL 32940
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3736224	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

U00000561921
05/19/06-80034-002 75.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERCELS, MANUEL 3480 DEER LAKES DRIVE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELA PAZ, ROMEO 3234 ABBOT AVE NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIM-ORTIZ, LETICIA 1505 PAIGLEY ST PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDWELL, SALVIE 3713 SECOND AVE VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, GINA 321 POLARIS DRIVE SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, MARINA 6315 MACAULEY AVE COCOA, FL 32927

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IN THIS SPACE**

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: Manuel Verceles Director/Chairman 4-27-06 (321) 259-4818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #