

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90319 036 \*\*\*\*61.25

**DOCUMENT # N01000005388**

1. Entity Name  
**BISAYAN CONNECTION, INC.**



Principal Place of Business  
**5906 IVY RD  
PANAMA CITY, FL 32404**

Mailing Address  
**5906 IVY RD  
PANAMA CITY, FL 32404**

**50025115**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3436707**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERON, LEONORA S  
5906 IVY RD  
PANAMA CITY, FL 32404**

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

*Leonora S. Peron*

*2-18-05*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 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 **P** ☐ Delete  
NAME **QUILLEN, LORILIE**  
STREET ADDRESS **9145 SUNSHINE DR**  
CITY-ST-ZIP **YOUNGSTOWN, FL 32466**

TITLE **S** ☐ Change ☒ Addition  
NAME **NEterfita Corridor**  
STREET ADDRESS **3469 Cherry Ridge**  
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE **VP** ☐ Delete  
NAME **CARTY, JUDITH**  
STREET ADDRESS **107 H L SUDDUTH DR.**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **T** ☐ Change ☒ Addition  
NAME **Helen St. Angelo**  
STREET ADDRESS **6831 John Pitts Rd.**  
CITY-ST-ZIP **Panama City, FL 32404**

TITLE **AS** ☐ Delete  
NAME **QUILLEN, ANGEL**  
STREET ADDRESS **9145 SUNSHINE DRIVE**  
CITY-ST-ZIP **YOUNGSTOWN, FL 32466**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **BELT, MARIE**  
STREET ADDRESS **705 MADIAN LANE**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BOLLOTA, ZENDA**  
STREET ADDRESS **830 MILLS DR**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **REEZ, ZENY**  
STREET ADDRESS **2221 INVERNESS DR**  
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE: *Lorilie Quillen* **LORELIE QUILLEN**

*3/9/05* **850-914-0824**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #