2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000005388

Entity Name: BISAYAN CONNECTION, INC.

Current Principal Place of Business:

5906 IVY ROAD
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 36243
PANAMA CITY, FL 32412

New Mailing Address:

FEI Number: 59-3436707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRON, LEONORA S
5906 IVY RD
PANAMA CITY, FL 32404 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	( ) Delete
Name:	PERRON, LEONORA	
Address:	5906 IVY ROAD	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	VP	( ) Delete
Name:	APLIN, LETECIA	
Address:	2507 E 9TH CIRCLE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	T	( ) Delete
Name:	STRUNK, CONNIE	
Address:	4918 PARK STREET	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	PADLA, LUIS	
Address:	7245 KEATING TERRACE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	REES, ZENY	
Address:	2221 INVERNESS DR	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	ROBINSON, LYNIE	
Address:	402 MILLS AVE	
City-St-Zip:	PENSACOLA, FL 32507	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEONORA PERRON P 04/27/2009
Electronic Signature of Signing Officer or Director — Date