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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:16

DOCUMENT # N01028 (2)

1. Corporation Name

FILIPINO AMERICAN ASSOCIATION OF CENTRAL FLORIDA , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 884 WINTER PARK FL 32790-0884	P.O. BOX 884 WINTER PARK FL 32790-0884

3. Date Incorporated or Qualified: 01/23/1984
3a. Date of Last Report: 08/25/1994
4. FEI Number: 59-2541206 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental *Fee Not Required*
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DELGADO, BENJAMIN (M.D.
801 WEST OAK STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Benjamin Delgado — 2/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DELGADO, BENJAMIN (M.D.	1.2 NAME	
STREET ADDRESS	801 WEST OAK STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	T ☒ Change ☐ Addition
NAME	MARTIJA, LITA	2.2 NAME	Lourdes C Carreon
STREET ADDRESS	1320 CARLTON STREET	2.3 STREET ADDRESS	616 E Altamonte Dr Suite 105
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Altamonte Springs FL 32701
TITLE	D	3.1 TITLE	S ☒ Change ☐ Addition
NAME	TICO, ERNIE	3.2 NAME	Hermie Amadio
STREET ADDRESS	7877 AUTUMNWOOD DRIVE	3.3 STREET ADDRESS	725 Innsbrook Dr
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando FL 32825
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	HAHN, LOLITA	4.2 NAME	JulieAnn Cruz
STREET ADDRESS	4520 BRIDGEWATER DRIVD	4.3 STREET ADDRESS	1228 Forest Circle
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE	V	5.1 TITLE	D ☒ Change ☐ Addition
NAME	REGS, NILO	5.2 NAME	Alex DeGuzman
STREET ADDRESS	1411 BUCKWOOD DR.	5.3 STREET ADDRESS	837 Aspenwood Circle
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Kissimmee FL 34743
TITLE	V	6.1 TITLE	D ☒ Change ☐ Addition
NAME	LIWAG, RICARDO	6.2 NAME	Enrique Torroba
STREET ADDRESS	105 LAMP LIGHTER	6.3 STREET ADDRESS	801 W Oak Street
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	Kissimmee FL 34741

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lourdes C. Carreon Treasurer — 2/28/95 — 407 331-6797
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032803