

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

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03000000857

1. Entity Name
MABUHAY DANCERS OF PENSACOLA, INC.



Principal Place of Business
**6658 BLACK OAK PLACE
PENSACOLA, FL 32526**

Mailing Address
**6658 BLACK OAK PLACE
PENSACOLA, FL 32526**



02182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0826479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASPRER, FRANKLIN C
6658 BLACK OAK PLACE
PENSACOLA, FL 32526**

**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

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

**U00000344206
04/29/05-80127-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ASPRER, FRANKLIN C
STREET ADDRESS	6658 BLACK OAK P
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	V
NAME	BEASLEY, TERESITA
STREET ADDRESS	1446 LITTLE CREEK DR
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	S
NAME	ASPRER, CORAZON
STREET ADDRESS	6658 BLACK OAK PL
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	T
NAME	KAIBIGAN, MYLENE
STREET ADDRESS	4051 EMBERS LANDING
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	PRO
NAME	WARNER, DOMINIQUE
STREET ADDRESS	673 RANDALL ROBERTS RD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	AD
NAME	AGUNIAS, ANITA
STREET ADDRESS	6699 PENTON ST
CITY-ST-ZIP	PENSACOLA, FL 32506

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Franklin C. Asprer
FRANKLIN C. ASPRER

4/29/05
Date

850-944-6524
Daytime Phone #