

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000857

FILED
Apr 24, 2009
Secretary of State

Entity Name: MABUHAY DANCERS OF PENSACOLA, INC.

Current Principal Place of Business:

6658 BLACK OAK PLACE
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

6658 BLACK OAK PLACE
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 55-0826479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASPRER, FRANKLIN C
6658 BLACK OAK PLACE
PENSACOLA, FL 32526 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: ASPRER, FRANKLIN C
Address: 6658 BLACK OAK P
City-St-Zip: PENSACOLA, FL 32526

Title: V () Delete
Name: BEASLEY, TERESITA
Address: 1446 LITTLE CREEK DR
City-St-Zip: PENSACOLA, FL 32506

Title: S () Delete
Name: ASPRER, CORAZON
Address: 6658 BLACK OAK PL
City-St-Zip: PENSACOLA, FL 32526

Title: T () Delete
Name: KAIBIGAN, MYLENE
Address: 4051 EMBERS LANDING
City-St-Zip: PENSACOLA, FL 32505

Title: PRO () Delete
Name: WARNER, DOMINIQUE
Address: 673 RANDALL ROBERTS RD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: AD () Delete
Name: AGUNIAS, ANITA
Address: 6699 PENTON ST
City-St-Zip: PENSACOLA, FL 32506

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: MYLENE KAIBIGAN

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date