

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

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04 APR -5 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03182004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYES, MARIA
2813 SMITHFIELD DR.
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

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.

900032228919

04/09/04--01003--013 **61.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MONTALLANA, ELSA	
STREET ADDRESS	4420 WITHROWOOD COURT	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, ROSE	
STREET ADDRESS	2101 HICKORY WOOD COURT	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ALBINO, MAISIE	
STREET ADDRESS	2756 MUSCATELLO STREET	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DPRO	<input checked="" type="checkbox"/> Delete
NAME	SILGUERA, ELPIDIO	
STREET ADDRESS	2447 QUAIL RUN BLVD.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	DAUD	<input checked="" type="checkbox"/> Delete
NAME	MONTALLANA, VICTOR	
STREET ADDRESS	4420 WITHROWOOD COURT	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBINO, FILOTEO	
STREET ADDRESS	2756 MUSATELLO COURT	
CITY-ST-ZIP	ORLANDO, FL 32837	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres & Ch of Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Reyes	
STREET ADDRESS	2813 Smithfield Drive	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Senina	
STREET ADDRESS	451 Lytton Circle	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE	Secty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanette O'Meara	
STREET ADDRESS	2628 Wimbledon Court	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marvie Derayunan	
STREET ADDRESS	2802 Lazlo Lane	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	PRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan Beloso	
STREET ADDRESS	14225 Ludgate Hill	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aurita Confesor	
STREET ADDRESS	8167 Bevestar Circle	
CITY-ST-ZIP	Orlando, FL 32817	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/04

2052

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000002299

1. Entity Name
KAHIRUP ASSOCIATION OF CENTRAL FLORIDA, INC.



Principal Place of Business
2813 SMITHFIELD DR.
ORLANDO, FL 32837

Mailing Address
2813 SMITHFIELD DR.
ORLANDO, FL 32837



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

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

REYES, MARIA
2813 SMITHFIELD DR.
ORLANDO, FL 32837

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, ROSE	
STREET ADDRESS	2101 HICKORY WOOD COURT	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	STD	<input checked="" type="checkbox"/> Delete
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STREET ADDRESS	2756 MUSATELLO COURT	
CITY-ST-ZIP	ORLANDO, FL 32837	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Confesor	
STREET ADDRESS	8167 Bevestar Circle	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Stella Montes	
STREET ADDRESS	14225 Iudgate Hill	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Rosela Rich	
STREET ADDRESS	9512 Castleford Point	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Rich	
STREET ADDRESS	9512 Castleford Point	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marty Staudenmaier	
STREET ADDRESS	10455 Burris Court	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Josie Tan	
STREET ADDRESS	1318 West Oak Street	
CITY-ST-ZIP	Kissimmee, FL 34741	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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DOCUMENT # N03000002299					
1. Entity Name KAHIRUP ASSOCIATION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 2813 SMITHFIELD DR. ORLANDO, FL 32837			Mailing Address 2813 SMITHFIELD DR. ORLANDO, FL 32837		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
REYES, MARIA 2813 SMITHFIELD DR. ORLANDO, FL 32837		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONTALLANA, ELSA 4420 WITHROWWOOD COURT ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Gary Trembley 12938 Malibu Circle Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SIMMONS, ROSE 2101 HICKORY WOOD COURT ST. CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Victoria Villanueva 1408 Abberton Drive Orlando, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ALBINO, MAISIE 2756 MUSCATELLO STREET ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Rene Villanueva 1408 Abberton Drive Orlando, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPRO SILGUERA, ELPIDIO 2447 QUAIL RUN BLVD KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAUD MONTALLANA, VICTOR 4420 WITHROWWOOD COURT ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBINO, FILOTEO 2756 MUSATELLO COURT ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					