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2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000002299 04 APR -5 PM 2: 17 KAHIRUP ASSOCIATION OF CENTRAL FLORIDA, INC. - SEČRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2813 SMITHFIELD DR. 2813 SMITHFIELD DR. ORLANDO, FL 32837 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 Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYES, MARIA 2813 SMITHFIELD DR. Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32837 Zip Code FL 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 **81.25 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to **\$5.00** May Be Amended AR is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE Change TITLE Delete Pres & Ch of Board MONTALLANA, EX NAME NAME Maria Reves 4420 WITHROWWOOD COURT STREET ADDRESS STREET ADDRESS 2813 Smithfield Drive CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP Orlando, FL 32837 📈 Delete ☐ Change · ☐ Addition TITLE TITLE VP SIMMONS, ROSE NAME NAME Elizabeth Senina 451 Lytton Circle 2101 HICKORY WOOD COURT STREET ADDRESS STREET ADDRESS ST. CLOUD, FL 34772 CITY-ST-7IP CITY-ST-ZIP Orlando, FL 32824 STD **⊠** Delete ☐ Change TITLE TITLE Addition Secty ALBINO, MAISIE NAME Jeanette O'Meara STREET ADDRESS 2756 MUSCATELL STREET STREET ADDRESS 2628 Wimbledon Court CITY-ST-ZIP ORLANDO, FL 22837 CITY-ST-7IP Ocoee FL 34761 DPRO Delete. TITLE √ Change Addition TITLE Treas SILGUERA, ELPIDIO NAME NAME Marvie Derayunan 2447 QUAIL RUN & LVD. STREET ADDRESS STREET ADDRESS 2802 Lazlo Lane KISSIMMEE, EL 34744 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32837 💢 Delete Change Addition TITLE TITLE PRO MONTALLANA, VICTOR NAME NAME Juan Beloso 4420 WITHROWWOOD COURT STREET ADDRESS STREET ADDRESS 14225 Ludgate Hill ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32828 ☐ Change 🔀 Delete Addition Director ALBINO, FILOTEO NAME NAME Aurita Confesor STREET ADDRESS 2756 MUSATELLO COURT STREET ADDRESS 8167 Bevestar Circle ORLANDO, FL 3283 CITY-ST-7/P CITY-ST-7IP 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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

address, with all other like empowered.

Daytime Phone #

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # N0300002299 1. Entity Name KAHIRUP ASSOCIATION OF CENTRAL FLORIDA, INC.										
Principal Place 2813 SMITHI ORLANDO, FL	FIELD DR.	Mailing Address 2813 SMITHFIELD DR. ORLANDO, FL 32837								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182004 Chg-NP CR2E037 (10/03)						
City & State		City & State		4. FEI Number Applied For NOT APPLICABLE Not Applicable						
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent						
REYES, MARIA 2813 SMITHFIELD DR.				Name Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO), FL 32837									
			City	FL Zip Code						
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a			registered agent, or both, in the State of Florida. I am familiar with, and accept						
	Signature, typed or printed harrie or registered agent a	nd title it applicable. (NOTE: 8	Registered Agent signati	re required when reinstating) DATE						
	Amended AR is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees Florida Department of State						
10.		9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Make check payable to						
	Amended AR is \$61.25	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Director Fred Confesor 8167 Bevestar Circle						
10. TITLE NAME STREET ADDRESS	Amended AR is \$61.25 OFFICERS AND DIF PD MONTALLANA, ELSA 4320 WITHROWWOOD COURT	9. Election Camp Trust Fund Co	paign Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Director Change Addition Fred Confesor 8167 Bevestar Circle Orlando, FL 32817 Director Change Addition Change Addition Change Addition Change Addition Change Addition						
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Date

Daytime Phone #

Page 3 of 3 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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2. Principal Pi	Principal Place of Business Address Mailing Address					The state of the s					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03182004	Chg-NP	CR2E03	7 (10/03)		
City & State			City & State			_	4. FEI Numbe NOT AP	PLICABLE		 -	plied For t Applicable
Zip		Country	Zip	Co	untry		5. Certificate of Status Desired S8.75 Addition Fee Required				
ļ <u></u> -	6. Name	and Address of Curren	t Registered Agent	<u> </u>	 		7. Name and	Address of New R	legistered /	Agent	
REYES, M.	ARIA :				Name			-		· · · ¬	-
2813 SMIT	HFIELD !				Street Address (P.O. Box Number is Not Acceptable)						
0,12,1120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·								- T	
					City				FL	Zip Code	•
the obligati	ions of regis	tered agent.	or the purpose of changing and little if applicable. (N 9. Election C	OTE: Register	ed Ageni signali		when reinstating) \$5.00 May B	[a. a. 2 2.5]	DATE	familiar with,	
10.	Amende	OFFICERS AND D	Trust Fund	f Contribu			Added to Fees	Floi	4 7 6 1	tment of St	1100
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	2756 ML	FILOTEO ISATELLO COURT DO, FL 22837	Delete	ST	LE Me Reet address IY-ST-ZIP					☐ Change	☐ Addition
of the co	rporation or f, or on an a	the receiver or trustee err	ith this filling does not qualify is true and accurate and thi powered to execute this rep s, with all other like empower	ort as requ	emption sta ature shall h uired by Cha	ted in Se nave the apter 61	ection 119.07(3)(same legal effec 7, Florida Statute	i), Florida Statutes. It as if made under s; and that my nan	I further ce oath; that I ne appears	rtily that the li am an officer in Block 10 o	nformation or director r Block 11 if