# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2009**
**Secretary of State**

DOCUMENT# N03000005297

**Entity Name:** FILIPINO AMERICAN COALITION OF FLORIDA, INC.

**Current Principal Place of Business:**

500 NORTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

500 NORTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number: 90-0457828** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAGANI, VALENTINE F JR.
500 NORTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 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: | MARTIJA, LITA A | |
| Address: | 1719 CROCKER AVE | |
| City-St-Zip: | ORLANDO, FL 32806 | |
| Title: | D | ( ) Delete |
| Name: | DAGANI, VALENTINE F JR. | |
| Address: | 2318 INDIAN MOUND TRAIL | |
| City-St-Zip: | KISSIMMEE, FL 32741 | |
| Title: | V | ( ) Delete |
| Name: | DE LA PAZ, ROMY | |
| Address: | 3234 ABBOT AVE., N.E. | |
| City-St-Zip: | PALM BAY, FL 32905 | |
| Title: | T | ( ) Delete |
| Name: | MOJICA, LUZ | |
| Address: | 6280 TOYOTA DRIVE | |
| City-St-Zip: | JACKSONVILLE, FL 32244 | |
| Title: | S | ( ) Delete |
| Name: | KERSHAW, JOSEPHINE | |
| Address: | 1719 CROCKER AVE. | |
| City-St-Zip: | ORLANDO, FL 32806 | |
| Title: | D | ( ) Delete |
| Name: | BRUCE, JOCELYN | |
| Address: | 659 NE 12TH STREET | |
| City-St-Zip: | NORTH MIAMI, FL 33161 | |

**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: | S | (X) Change ( ) Addition |
| Name: | MOJICA, LUZ | |
| Address: | 1719 CROCKER AVE. | |
| City-St-Zip: | ORLANDO, FL 32806 | |
| 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: VALENTIN F. DAGANI, JR D 04/07/2009

Electronic Signature of Signing Officer or Director — Date