

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90001 001 \*\*\*\*61.25

**DOCUMENT # N03000007843**

1. Entity Name  
**FILIPINO-AMERICAN REPUBLICAN COUNCIL OF  
FLORIDA, INC.**



Principal Place of Business  
**6077 STRICKLAND PLACE  
PENSACOLA, FL 32506**

Mailing Address  
**6077 STRICKLAND PLACE  
PENSACOLA, FL 32506**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09012004

Chg-NP

CR2E037 (10/03)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BIZIK, CONRAD J  
6077 STRICKLAND PLACE  
PENSACOLA, FL 32506**

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.

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 September 8, 2004**

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **AGUILA, NING**  
CITY-ST-ZIP **6077 STRICKLAND PLACE  
PENSACOLA, FL 32506**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **HERRERA, CESAR**  
CITY-ST-ZIP **6601 GREENWELL ST  
PENSACOLA, FL 32526**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **HARRERA, DIVINA**  
CITY-ST-ZIP **6601 GREENWELL ST  
PENSACOLA, FL 32526**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **DIOSO, LILIA**  
CITY-ST-ZIP **10405 AILERON AVE  
PENSACOLA, FL 32506**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **DOMINGO, VIRGILIO G**  
CITY-ST-ZIP **534 TALLOW TREE DR  
PENSACOLA, FL 32506**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ESTILONG, AURELIA F DR.**  
CITY-ST-ZIP **8124 POLARA CT  
PENSACOLA, FL 32506**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **D Nona Perron**  
STREET ADDRESS **5906 Ivy Rd**  
CITY-ST-ZIP **Panama City, FL**

TITLE ☐ Change ☒ Addition  
NAME **D Sal Linezo**  
STREET ADDRESS **P.O. Box 31**  
CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE ☐ Change ☒ Addition  
NAME **D Arturo C. Leyva**  
STREET ADDRESS **5289 Bob Sikes Rd**  
CITY-ST-ZIP **DeFuniak Springs, FL 32435**

TITLE ☐ Change ☒ Addition  
NAME **D Chico Lojo**  
STREET ADDRESS **2202 N. 61st Ave**  
CITY-ST-ZIP **Pensacola, FL 32506**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Ning Aguilan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/7/04