2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N03000010197

Entity Name: FILIPINO-AMERICAN ASSOCIATION OF MILTON, INC.

Current Principal Place of Business:

7220 HWY. 87 NORTH
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

7220 HWY. 87 NORTH
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-6615427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGAGAS, LEO A MR
5917 LAWSON LANE
MILTON, FL 32570 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: PD ( ) Delete
Name: AGAGAS, LEO A
Address: 5917 LAWSON LANE
City-St-Zip: MILTON, FL 32570 US

Title: VD ( ) Delete
Name: BIVENS, GARY
Address: 5150 BROOKSIDE DR
City-St-Zip: PACE, FL 32571 US

Title: SD ( ) Delete
Name: JOHNSON, LYNN
Address: 4217 REDWING CT
City-St-Zip: PACE, FL 32571 US

Title: TD ( ) Delete
Name: SANDERSON, JOSEPH
Address: 6513 SELLER DR
City-St-Zip: MILTON, FL 32570 US

Title: TD ( ) Delete
Name: WALLIN, SELFA
Address: 5549 KAREN DR
City-St-Zip: MILTON, FL 32583 US

Title: SD ( ) Delete
Name: ISLA, ANNETTE
Address: 5765 WESTMONT RD
City-St-Zip: MILTON, FL 32583

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: JOSEPH SANDERSON TD 02/04/2009

Electronic Signature of Signing Officer or Director — Date