

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000527

FILED
Apr 26, 2008
Secretary of State

Entity Name: PHILIPPINE-AMERICAN CHAMBER OF COMMERCE OF TAMPA BAY, INC.

Current Principal Place of Business:

3105 W. WATERS AVE., SUITE 107
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3105 W. WATERS AVE., SUITE 107
TAMPA, FL 33614

New Mailing Address:

FEI Number: 01-0804597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERAQUIT, PAUL B
3105 W. WATERS AVE., SUITE 107
TAMPA, FL 33614 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: PRES () Delete
Name: LUGAY-LACSON, CAROLINA
Address: 3105 W. WATERS AVE., SUITE 107
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: BOLANOS, GILBERT
Address: 3105 W. WATERS AVE., SUITE 107
City-St-Zip: TAMPA, FL 33614

Title: TRS () Delete
Name: GALLOWAY, LIBERTY S
Address: 1880 OAK STREET
City-St-Zip: CLEARWATER, FL 33760

Title: VP () Delete
Name: DY, ROSEMARIE
Address: 273 CHATEAUX DES LAC
City-St-Zip: TARPON SPRINGS, FL 33823

Title: VP () Delete
Name: ONA, NESTOR
Address: 5015 NORTH CLARK AVENUE
City-St-Zip: TAMPA, FL 33614

Title: SEC () Delete
Name: PAMAN, ARNIE
Address: 3105 W WATERS AVE. SUITE 107
City-St-Zip: TAMPA, FL 33614

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: CLLACSON

PRES

04/26/2008

Electronic Signature of Signing Officer or Director

Date